EXHIBIT I

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

----------X

Index No.: 522043/18

NOTICE OF MOTION

Return Date: 08/03/20

Before: Hon. Peter Paul Sweeney

Upon the affirmation of MELISSA MANNA, ESQ., affirmed on the 7th day of July, 2020 and upon exhibits annexed thereto, the defendant, SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION, will move this Court at the Courthouse located at Supreme Court, Kings County, 360 Adams Street, Motion Support, Room 227, Brooklyn, New York, 11201 on the 3rd day of August, 2020 at 9:30 a.m. or as soon thereafter as counsel may be heard, for an Order pursuant to CPLR §3124 and §3126, dismissing Plaintiff's Complaint for failure to provide discovery; or, in the alternative, for an Order directing Plaintiff to comply with all outstanding discovery by a date certain or have her Complaint dismissed; and/or to preclude plaintiff from offering any evidence at the time of trial; and for such other, further, and different relief as this Court may deem just and proper.

The above-entitled action is for personal injury.

Pursuant to CPLR 2214 (b), answering affidavits, if any, are required to be served upon the undersigned at least seven days before the return date of this motion.

Dated: Garden City, New York
July 7, 2020

By: *Melissa Manna*

MELISSA MANNA, ESQ.
Cullen and Dykman LLP
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION,
100 Quentin Roosevelt Blvd.
Garden City, New York 11530
(516) 357-3700
File No: 23005-26

TO: Robert J. Eisen, Esq.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
HADMIRA C. LEACOCK
150 Broadway
New York, New York 10038
(212) 285-3800

INDEX NO.: 522043/18

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

NOTICE OF MOTION, AFFIRMATION IN SUPPORT, AFFIRMATION OF GOOD FAITH WITH EXHIBITS

Cullen and Dykman LLP
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION,
100 Quentin Roosevelt Blvd.
Garden City, New York 11530
(516) 357-3700

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS
----------X
HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.
----------X

Index No.: 522043/18

AFFIRMATION IN SUPPORT

MELISSA MANNA, ESQ. an attorney at law, duly licensed to practice in the State of New York, hereby makes the following statements under the penalty of perjury:

1. I am an associate of the law firm of Cullen and Dykman LLP, attorneys for SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION (hereinafter as "Speedway") and as such I am fully familiar with the facts and circumstances herein.

2. This Affirmation is submitted in support of the within motion for an Order pursuant to CPLR §3124 and §3126, dismissing Plaintiff's Complaint for failure to provide discovery; or, in the alternative, for an Order directing Plaintiff to comply with all outstanding discovery by a date certain or have her Complaint dismissed; and/or to preclude plaintiff from offering any evidence at the time of trial; and for such other, further, and different relief as this Court may deem just and proper.

3. Plaintiff alleges that she sustained personal injuries on or about June 5, 2018, when she allegedly tripped and fell, at the premises located at 1620 Neptune Avenue, Brooklyn, New York.

PROCEDURAL HISTORY

4. Plaintiff purportedly commenced this action against Stop & Shop by filing a Summons and Complaint on or about November 1, 2018, in Supreme Court, Kings County. (Exhibit "A").

5. Speedway joined issue by serving a Verified Answer along with a Demand for a Bill of Particulars and various other discovery demands, including a Demand for Ad Damnum pursuant to CPLR 3017, all dated December 18, 2018. (A copy of Speedway's Answer and discovery demands is annexed hereto as Exhibit "B").

6. Plaintiff served a Bill of Particulars and responses to certain discovery demands on or about September 16, 2019. Copies of same are annexed hereto collectively as Exhibit "C".

7. In her Combined Response to Discovery and Inspection, dated, plaintiff objects to the Demand for Ad Damnum, and fails to properly respond to same. (Exhibit "C").

8. On October 18, 2019 we wrote to plaintiff's counsel requesting outstanding discovery, including a response to our Demand for Ad Damnum pursuant to CPLR 3017(c). (The correspondence dated October 18, 2019 is annexed hereto as Exhibit "D").

9. A Preliminary Conference was conducted on October 21, 2019, at which time plaintiff was ordered to respond to Speedway's correspondence, dated October 18, 2019 and our Demand for Ad Damnum, by November 21, 2019. The Preliminary Conference Order is annexed hereto as Exhibit "E".

10. On November 21, 2019 a since we had still not received a response to our Demand for Ad Damnum pursuant to CPLR 3017(c), we again wrote to plaintiff's counsel in yet another good faith attempt to obtain discovery without the necessity of motion practice. (Exhibit "F").

11. Thereafter, on December 6, 2019, plaintiff's counsel served correspondence indicating that they were not in receipt of our Demand for Ad Damnum. (Exhibit "G").

12. Despite the fact that our discovery demands had been e-filed almost a year prior, on December 20, 2019 we served another Demand for Ad Damnum along with another letter to counsel requesting a response to same and indicating that our demand had been e-filed a year prior. It should also be noted that on September 16, 2019, counsel responded to the Demand for Ad Damnum, by improperly objecting to same, and as such, it appears they had, in fact, received the demand. (The correspondence and Demand for Ad Damnum are collectively annexed hereto as Exhibit "H")

13. On February 6, 2020 a Compliance Conference was conducted, whereby plaintiff was *again* ordered to respond to defendant's Demand for Ad Damnum, by March 3, 2020. (Exhibit "I").

14. On April 23, 2020, plaintiff served a Response to Compliance Conference Order, dated February 3, 2020, whereby it is indicated that a response to Demand for Ad Damnum "To be provided under separate cover." (Exhibit "J").

15. To date, plaintiff has still not responded to the Demand for Ad Damnum despite multiple good faith efforts and two court orders.

16. Additionally, this office also served a Demand for Authorizations, dated April 28, 2020, and to date, plaintiff has not provided a response. (Exhibit "K").

17. To date, Plaintiff has not responded to Speedway's Demand for Ad Damnum pursuant to CPLR 3017(c) and the time to do so has expired. Plaintiff has not moved for a protective order related to the Demand for Ad Damnum.

LEGAL ARGUMENT

18. CPLR 3017(c) states in relevant part that:

> "a party against whom an action to recover damages for personal injuries or wrongful death is brought, may at any time request a supplemental demand setting forth the total damages to which the pleader deems himself entitled. A supplemental demand shall be provided by the party bringing the action within fifteen days of the request. In the event the supplemental demand is not served within fifteen days, the court, on motion, may order that it be served".

See: N.Y. C.P.L.R. 3017 (McKinney)

19. Here, our Demand for Ad Damnum pursuant to CPLR 3017(c) was served on December 18, 2018. Despite multiple requests for a response to same, and two court orders, plaintiff has failed to the demand, Plaintiff has failed to respond in clear violation of the CPLR.

20. Although striking a pleading and dismissing the complaint is a drastic remedy, it is appropriate where there is a clear showing that the party's failure to comply with discovery demands was willful or contumacious. Frias v. Fortini, 240 A.D.2d 467, 658 N.Y.S.2d 435 (2nd Dept. 1997); cf. Novis v. Benes, 268 A.D.2d 464, 701 N.Y.S.2d 914 (2nd Dept. 2000).

21. The Court may draw an inference of willful and contumacious conduct when that party repeatedly fails to comply with discovery demands and court orders

compelling disclosure without providing a reasonable excuse for the noncompliance, as is the case here. Mei Yan Zhang v. Santana, 52 A.D.3d 484, 860 N.Y.S.2d 129 (2nd Dept. 2008); Dinstber v. Geico Ins. Co., 32 A.D.3d 893, 820 N.Y.S.2d 804 (2nd Dept. 2006); Kroll v. Parkway Plaza Joint Venture, 10 A.D.3d 633, 634, 781 N.Y.S.2d 613 (2nd Dept. 2004); Ordonez v. Guerra, 295 A.D.2d 325, 743 N.Y.S.2d 156 (2nd Dept. 2002); Cutolo v. Khalife, 242 A.D.2d 661, 664 N.Y.S.2d 939 (2nd Dept. 1997).

22. Plaintiff has not moved for a protective Order, has not moved to vacate or modify any party of the Demands or Notices and has not moved to extend the time to respond to the demands.

23. Plaintiff's egregious disregard to this defendant's good faith attempts to engage in discovery evidence the willful and contumacious character of plaintiff's conduct.

24. In light of the foregoing, Speedway's motion should be granted.

WHEREFORE, it is respectfully requested that this Court issue an Order pursuant of §3124 and §3126 of the CPLR dismissing Plaintiff's Complaint for failure to provide discovery; or, in the alternative, for an Order directing Plaintiff to comply with all outstanding discovery by a date certain or have her Complaint dismissed; and/or to preclude plaintiff from offering any evidence at the time of trial; and for such other, further, and different relief as this Court may deem just and proper.

Dated: Garden City, New York
July 7, 2020

By: *Melissa Manna*

MELISSA MANNA, ESQ.
Cullen and Dykman LLP
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION,
100 Quentin Roosevelt Blvd.
Garden City, New York 11530
(516) 357-3700
File No: 23005-26

TO: Robert J. Eisen, Esq.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
HADMIRA C. LEACOCK
150 Broadway
New York, New York 10038
(212) 285-3800

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS
----------X

HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.
----------X

Index No.: 522043/18

AFFIRMATION OF GOOD FAITH

MELISSA MANNA, ESQ.**,** an attorney at law, duly licensed to practice in the State of New York, hereby makes the following statements under the penalty of perjury:

1. I am an associate with the law firm of Cullen and Dykman LLP, attorneys for defendant, Speedway, and as such I am fully familiar with the facts and circumstances herein.

2. In an effort to avoid the necessity of judicial intervention, Speedway has written to plaintiff's counsel on October 18, 2019, November 21, 2019 and December 20, 2019. See Exhibits "D", "F", and "H".

3. Additionally, there have been two Court Orders, dated October 21, 2019 and February 6, 2020, ordering plaintiff to respond to the demand. (Exhibit "E" and "I").

4. To date, Plaintiff has failed to provide responses to Defendant's discovery demands and has not moved for a protective order or otherwise requested an extension to respond to same. Therefore, the instant motion has become necessary.

WHEREFORE, the intervention of the Court is necessary to resolve these outstanding discovery issues.

Dated: Garden City, New York
July 7, 2020

By: *Melissa Manna*

MELISSA MANNA, ESQ.
Cullen and Dykman LLP
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION,
100 Quentin Roosevelt Blvd.
Garden City, New York 11530
(516) 357-3700
File No: 23005-26

TO: Robert J. Eisen, Esq.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
HADMIRA C. LEACOCK
150 Broadway
New York, New York 10038
(212) 285-3800

EXHIBIT A

CT Corporation

Service of Process Transmittal

11/12/2018
CT Log Number 534389853

TO: David Ball / Speedway Service of Process
Speedway SuperAmerica, LLC
500 SPEEDWAY DR
ENON, OH 45323-1056

RE: **Process Served in New York**

FOR: Speedway LLC (Domestic State: DE)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION:	HADMIRA C. LEACOCK, PLTF. vs. HESS RETAIL STORES LLC, ET AL., DFTS. // TO: SPPEDWAY LLC
DOCUMENT(S) SERVED:	SUMMONS, VERIFIED COMPLAINT, ATTACHMENT(S), SUMMONS AND COMPLAINT, NOTICE(S)
COURT/AGENCY:	Kings County: Supreme Court, NY Case # 5220432018
NATURE OF ACTION:	Personal Injury - Failure to Maintain Premises in a Safe Condition - 06/05/2018
ON WHOM PROCESS WAS SERVED:	C T Corporation System, New York, NY
DATE AND HOUR OF SERVICE:	By Process Server on 11/12/2018 at 15:49
JURISDICTION SERVED :	New York
APPEARANCE OR ANSWER DUE:	Within 20 days after the service of this summons, exclusive of the day of service
ATTORNEY(S) / SENDER(S):	ROBERT J. EISEN, ESQ. SUBIN ASSOCIATES, LLP 150 Broadway New York, NY 10038 212-285-3800
REMARKS:	The documents received have been modified to reflect the name of the entity being served.
ACTION ITEMS:	CT has retained the current log, Retain Date: 11/12/2018, Expected Purge Date: 11/17/2018 Image SOP Email Notification, David Ball / Speedway Service of Process SpeedwayServiceofProcess@Speedway.com Email Notification, Suzanne Gagle sgagle@MarathonPetroleum.com
SIGNED:	C T Corporation System
ADDRESS:	111 8th Ave Fl 13 New York, NY 10011-5213
TELEPHONE:	212-590-9070

FILED: KINGS COUNTY CLERK 11/01/2018 02:58 PM INDEX NO. 522043/2018
NYSCEF DOC. NO. 1 RECEIVED NYSCEF: 11/01/2018

INDEX # 522043/2018
FILED 11/01/18

406
55.00

FILE #: 30444

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Plaintiff(s),

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY, LLC and SPEEDWAY GAS STATION,

Defendant(s).

----------X

Summons

Index No.:
Plaintiff(s) designates
KINGS
County as the place of trial
The basis of venue is
Defendant's Place of Business
1620 Neptune Avenue
Brooklyn, NY 11224

County of KINGS

To the above named Defendant(s)

YOU ARE HEREBY SUMMONED to answer the complaint in this action and to serve a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance, on the Plaintiff's Attorney(s) within 20 days after the service of this summons, exclusive of the day of service (or within 30 days after the service is complete if this summons is not personally delivered to you within the State of New York); and in case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded herein.

Dated: October 23, 2018
Defendant's Addresses:

BY: ROBERT J. EISEN, ESQ.

This SUMMONS AND COMPLAINT and the papers on which it is based, are certified pursuant to Section 130-1.1-a of the rules of the Chief Administrator (22NYCRR)

SUBIN ASSOCIATES, LLP
Attorney(s) for Plaintiff(s)
Office and Post Office Address
150 Broadway
New York, New York 10038
(212) 285-3800

Notice: The object of this action is to recover for personal injury due to defendant(s) negligence

The relief sought is Monetary Damages

Upon your failure to appear, judgment will be taken against you by default with interest from 6/5/2018 and the costs of this action

DEFENDANT(S) ADDRESS(ES)

HESS RETAIL STORES LLC
C/O Hess Corporation
1 Hess Plaza,
Woodbridge, New Jersey 0709

[SEE RIDER FOR ADDITIONAL DEFENDANTS]

RIDER

HESS CORPORATION
1 Hess Plaza,
Woodbridge, New Jersey 07095

SPEEDWAY, LLC
111 Eighth Avenue
New York, NY 10011

SPEEDWAY GAS STATION
1620 Neptune Avenue
Brooklyn, NY 11224

FILE #: **30444**

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS
----------X
HADMIRA C. LEACOCK,

Plaintiff(s),

VERIFIED COMPLAINT

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY, LLC and SPEEDWAY GAS STATION,

Defendant(s).

----------X

Plaintiff, HADMIRA C. LEACOCK, complaining of the defendants(s) by her attorney, SUBIN ASSOCIATES LLP, upon information and belief, respectfully allege(s):

1. That at all the times herein mentioned, and more particularly 6/5/2018, 1620 Neptune Avenue, Brooklyn, New York was and still is a premises in the Borough of Brooklyn, County of Kings, City and State of New York which consisted of a roadway, sidewalks, gas station, convenience store and gas station lot thereat.

2. That said sidewalks and gas station lot were public thoroughfares along and over which the public at large had a right to walk.

3. That at all the times herein mentioned, the defendant HESS RETAIL STORES LLC, was and still is a corporation doing business in the State of New York.

4. That at all the times herein mentioned, the defendant HESS RETAIL STORES LLC, was the owner of the premises located at 1620 Neptune Ave, Brooklyn, New York.

5. That at all the times herein mentioned, the defendant HESS RETAIL STORES

LLC, its agents, servants and/or employees operated the aforementioned premises and the adjoining gas station lot.

6. That at all the times herein mentioned, the defendant HESS RETAIL STORES LLC, its agents, servants and/or employees maintained the aforementioned premises and the adjoining gas station lot.

7. That at all the times herein mentioned, the defendant HESS RETAIL STORES LLC, its agents, servants and/or employees managed the aforementioned premises and the adjoining gas station lot.

8. That at all the times herein mentioned, the defendant HESS RETAIL STORES LLC, its agents, servants and/or employees controlled the aforementioned premises and the adjoining gas station lot.

9. That at all the times herein mentioned, the defendant HESS CORPORATION, SPEEDWAY, LLC, was and still is a corporation doing business in the State of New York.

10. That at all the times herein mentioned, the defendant HESS CORPORATION, SPEEDWAY, LLC, was the owner of the premises located at 1620 Neptune Ave, Brooklyn, New York .

11. That at all the times herein mentioned, the defendant HESS CORPORATION, SPEEDWAY, LLC its agents, servants and/or employees operated the aforementioned premises and the adjoining gas station lot.

12. That at all the times herein mentioned, the defendant HESS CORPORATION, SPEEDWAY, LLC, its agents, servants and/or employees maintained the aforementioned premises and the adjoining gas station lot.

13. That at all the times herein mentioned, the defendant HESS CORPORATION, SPEEDWAY, LLC, its agents, servants and/or employees managed the aforementioned premises and the adjoining gas station lot.

14. That at all the times herein mentioned, the defendant HESS CORPORATION, SPEEDWAY, LLC, its agents, servants and/or employees controlled the aforementioned premises and the adjoining gas station lot.

15. That at all the times herein mentioned, the defendant SPEEDWAY GAS STATION, was and still is a corporation doing business in the State of New York.

16. That at all the times herein mentioned, the defendant SPEEDWAY GAS STATION, was and still is a partnership doing business in the State of New York.

17. That at all the times herein mentioned, the defendant SPEEDWAY GAS STATION, was the owner of the premises located at 1620 Neptune Ave, Brooklyn, New York .

18. That at all the times herein mentioned, the defendant SPEEDWAY GAS STATION its agents, servants and/or employees operated the aforementioned premises and the adjoining gas station lot.

19. That at all the times herein mentioned, the defendant SPEEDWAY GAS STATION, its agents, servants and/or employees maintained the aforementioned premises and the adjoining gas station lot.

20. That at all the times herein mentioned, the defendant SPEEDWAY GAS STATION, its agents, servants and/or employees managed the aforementioned premises and the adjoining gas station lot.

21. That at all the times herein mentioned, the defendant SPEEDWAY GAS

STATION, its agents, servants and/or employees controlled the aforementioned premises and the adjoining gas station lot.

22. That at all the times herein mentioned, it was the duty of the defendant(s), its agents, servants and/or employees to keep and maintain said gas station lot in a reasonable state of repair and good and safe condition, and not to suffer and permit said premises to become unsafe and dangerous to pedestrians and/or customers.

23. That on or about 6/5/2018, while plaintiff was lawfully walking on the aforementioned gas station lot toward the convenience store, plaintiff HADMIRA C. LEACOCK was caused to fall and sustain multiple injuries by reason of the negligence, carelessness and want of proper care of the defendant(s), its agents, servants and/or employees.

24. That the said incident and resulting injuries to the plaintiff were caused through no fault of her own but were solely and wholly by reason of the negligence of the defendants, their agents, servants and/or employees in that the defendants suffered, caused and/or permitted and/or allowed portions of said gas station lot, to be, become and remain in a dangerous, defective, hazardous, unsafe, broken, cracked, uneven, holey, chipped, depressed raised, unsmooth, loose condition and was negligently and/or improperly maintained, and same was otherwise so dangerous, hazardous, and/or unsuitable for use by persons lawfully upon the sidewalks constituting a nuisance and a trap, and permitting same to be and remain in such a dangerous and defective condition for a long period and/or unreasonable period of time; in improperly causing, suffering, permitting and/or allowing improper construction of said gas station lot; in failing to properly maintain said gas station lot and in improperly maintaining said sidewalks, in improperly and negligently repairing said gas station lot, in permitting and allowing defective repairs on said

gas station lot, in failing to apprise and/or warn the public and in particular the plaintiff of the aforementioned conditions; in failing to place signs, barricades, warnings and/or other devices to apprise persons of the dangerous, unsafe condition thereat; in generally maintaining said gas station lot in such a dangerous defective and/or unsafe condition so as to cause the incident herein complained of; in creating and maintaining a menace, hazard, nuisance and trap thereat; in failing to comply with the laws, statutes, ordinances and regulations made and provided therefor. Plaintiff further relies on the doctrine of Res Ipsa Loquitur.

25. Both actual and constructive notice are claimed. Actual notice in that the defendants, its agents, servants and/or employees had actual knowledge and/or created the complained of condition; constructive notice in that the condition existed for a long and unreasonable period of time.

26. That by reason of the foregoing, plaintiff was caused to sustain serious, harmful and permanent injuries, has been and will be caused great bodily injuries and pain, shock, mental anguish; loss of normal pursuits and pleasures of life; has been and is informed and verily believes maybe permanently injured; has and will be prevented from attending to usual duties; has incurred and will incur great expense for medical care and attention; in all to plaintiff's damage in an amount which exceeds the jurisdictional limits of all lower courts and which warrants the jurisdiction of this Court.

WHEREFORE, plaintiff demands judgment against the defendants in an amount which exceeds the jurisdictional limits of all lower courts and which warrants the jurisdiction of this Court; together with the costs and disbursements of this action.

DATED: New York, New York
October 23, 2018

Yours, etc.

ROBERT J. EISEN, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiffs
150 Broadway
New York, New York 10038
(212) 285-3800

STATE OF NEW YORK)
COUNTY OF NEW YORK)

The undersigned, an attorney, admitted to practice in the Courts of the State of New York. The undersigned affirms that the following statements are true under the penalties of perjury.

That deponent is associated with the attorney for the plaintiff in the within action; that deponent has read the foregoing **COMPLAINT** and knows the contents thereof; that same is true to deponent's own knowledge, except as to the matters therein stated to be alleged upon information and belief, and that as to those matters deponent believes it to be true. Deponent further says that the reason this verification is made by deponent and not by plaintiff is that plaintiff resides outside of the County where your deponent holds his office.

The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

Information and investigation in the file.

DATE: NEW YORK, NEW YORK
October 23, 2018

ROBERT J. EISEN, ESQ.

Index No.
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Plaintiff(s),

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY, LLC AND SPEEDWAY GAS STATION,

Defendant(s).

SUMMONS AND COMPLAINT

SUBIN ASSOCIATES, L.L.P.
Attorneys for Plaintiff(s)
Office and Post Office Address, Telephone
150 Broadway, 23rd Floor
New York, NY 10038
Telephone (212) 285-3800
WE DO NOT ACCEPT SERVICE BY ELECTRONIC TRANSMISSION

To:
Attorney(s) for
Service of a copy of the within is hereby admitted
Dated:,

.....
Attorney(s) for

PLEASE TAKE NOTICE

☐ That the within is a (certified) true copy of an ORDER entered in the office **NOTICE OF** of the clerk of the within named court on , 20___.
ENTRY

☐ That an Order of which the within is a true copy will be presented for **NOTICE OF** settle to the Hon.one of the judges of the within
SETTLEMENT named court,
at
on , 20___, at 10:00 a.m.

Dated:

SUBIN ASSOCIATES, L.L.P.
Attorneys for plaintiff(s)
150 Broadway, 23rd Floor
New York, NY 10038
(212) 285-3800

Attorney(s) for Defendant(s)

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

HADMIRA C. LEACOCK

Plaintiff/Petitioner,

-against-

Index No. 522043/2018

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC, SPEEDWAY GAS STATION

Defendant/Respondent.

NOTICE OF ELECTRONIC FILING

You have received this Notice because:

- The Plaintiff/Petitioner, whose name is listed above, has filed this case using the New York State Courts e-filing system, and
- You are a Defendant/Respondent (a party) in this case.

(CPLR § 2111, Uniform Rule § 202.5-bb)

If you are represented by an attorney: give this Notice to your attorney. (Attorneys: see "Information for Attorneys" pg. 2).

If you are not represented by an attorney: you are not required to e-file. You may serve and file documents in paper form and you must be served with documents in paper form. However, as a party without an attorney, you may participate in e-filing.

Benefits of E-Filing

You can:

- serve and file your documents electronically
- view your case file on-line
- limit your number of trips to the courthouse
- pay any court fees on-line.

There are no additional fees to e-file, view, or print your case records.

To sign up for e-filing or for more information about how e-filing works, you may:

- visit: www.nycourts.gov/efile-unrepresented or
- go to the Help Center or Clerk's Office at the court where the case was filed. To find legal information to help you represent yourself visit www.nycourthelp.gov

Information for Attorneys

An attorney representing a party who is served with this notice must either:

1) immediately record his or her representation within the e-filed matter on the NYSCEF site https://iapps.courts.state.ny.us/nyscef/HomePage; or

2) file the Notice of Opt-Out form with the clerk of the court where this action is pending. Exemptions from mandatory e-filing are limited to attorneys who certify in good faith that they lack the computer hardware and/or scanner and/or internet connection or that they lack (along with all employees subject to their direction) the operational knowledge to comply with e-filing requirements. [Section 202.5-bb(e)]

For additional information about electronic filing and to create a NYSCEF account, visit the NYSCEF website at www.nycourts.gov/efile or contact the NYSCEF Resource Center (phone: 646-386-3033; e-mail: efile@nycourts.gov).

Dated: 11/01/201

HERBERT S SUBIN
Name

Firm Name

150 Broadway, 23rd Floor
Address

New York, NY 10038

212-285-3800
Phone

hs@subinlaw.com
E-Mail

To: _____

_____

_____

11/20/17

EXHIBIT B

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Index No.: 522043/18

Plaintiff,

VERIFIED ANSWER

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

----------X

Defendant, SPEEDWAY LLC[1] i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION, by its attorneys, AHMUTY, DEMERS & MCMANUS, ESQS., as and for its Verified Answer to plaintiff's Verified Complaint alleges as follows upon information and belief:

FIRST: Denies having knowledge or information sufficient to form a belief as to each and every allegation contained in paragraphs designated "1"and "2" of the Verified Complaint.

[1] On September 30, 2014, pursuant to the Purchase Agreement by and between Hess Corporation and Speedway LLC dated as of May 21, 2014 ("Purchase Agreement"), Hess Corporation transferred certain assets and liabilities into Hess Retail Operations LLC, Hess Retail Stores LLC, and Hess Realty LLC, including but not limited to the Store at which this alleged incident occurred. Hess Retail Operations LLC, Hess Retail Stores LLC, and Hess Realty LLC were all wholly-owned subsidiaries of Hess Retail Holdings LLC. On September 30, 2014, Speedway LLC acquired all of the membership interests of Hess Retail Holdings LLC, including certain Assumed Liabilities as that term is defined in the Purchase Agreement. The incident at issue in this case is an Assumed Liability. Beginning on September 1, 2014, the store at issue in this case was operated by Hess Retail Operations LLC, a wholly owned subsidiary of Speedway LLC. On October 1, 2015, Hess Retail Operations LLC was merged into Speedway LLC.

SECOND: Denies upon information and belief each and every allegation contained in paragraphs designated "3", "4", "5", "6", "7", "8", "9", "12", "13", "15", "16", "17", "18", "19", "20" and "21" of the Verified Complaint.

THIRD: Denies upon information and belief each and every allegation contained in paragraph designated "11" of the Verified Complaint except admits that SPEEDWAY LLC owned the premises located 1620 Neptune Avenue, Brooklyn, New York 11224.

FOURTH: Denies upon information and belief each and every allegation contained in paragraph designated "12" of the Verified Complaint except admits that SPEEDWAY LLC operated a store at 1620 Neptune Avenue, Brooklyn, New York 11224.

FIFTH: Denies upon information and belief each and every allegation contained in paragraphs designated "14, "22", "23", "24", "25" and "26" of the Verified Complaint and respectfully refers all questions of law to the Honorable Court.

AS AND FOR A FIRST AFFIRMATIVE DEFENSE

SIXTH: That the personal injuries and/or damages alleged to have been sustained by the plaintiff were caused entirely or in part through the culpable conduct of the plaintiff, without any negligence on the part of this answering defendant and this answering defendant seeks a dismissal or reduction in any recovery that may be had by the plaintiff in the proportion which the culpable conduct, attributable to the plaintiff, bears to the entire measure of responsibility for the occurrence.

AS AND FOR A SECOND AFFIRMATIVE DEFENSE

SEVENTH: That the plaintiff assumed the risk related to activity causing the injuries sustained.

AS AND FOR A THIRD AFFIRMATIVE DEFENSE

EIGHTH: Upon information and belief, any past or future costs or expenses incurred or to be incurred by the plaintiff for medical care, dental care, custodial care or rehabilitative services, loss of earnings or other economic loss, has been or will with reasonable certainty be replaced or indemnified in whole or in part from collateral source as defined in Section 4545(c) of the New York Civil Practice Law and Rules.

NINTH: If any damages are recoverable against said defendant, the amount of such damages shall be diminished by the amount of the funds which plaintiff has or shall receive from such collateral source.

AS AND FOR A FOURTH AFFIRMATIVE DEFENSE

TENTH: The answering defendant's liability, if any, is limited and governed by the provisions set forth in Article 16 of the CPLR.

AS AND FOR A FIFTH AFFIRMATIVE DEFENSE

ELEVENTH: That the plaintiff failed to mitigate, obviate, diminish or otherwise act to lessen or reduce the injuries, damages and disabilities alleged in plaintiff's Verified Complaint.

WHEREFORE, the defendant, SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION, demands judgment dismissing the plaintiff's Complaint on the merits; and if the plaintiff, HADMIRA C. LEACOCK, is found to have contributed to the accident or damages, that any damages be reduced in proportion to which the plaintiff may be found to have so contributed to the accident and damages together with the costs and disbursements of this action.

Dated: New York, New York
December 18, 2018

By: 

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION
199 Water Street, 16th Floor
New York, New York 10038

(212) 513-7788
File No: SPD 1740N18 BJD

TO:

ROBERT J. EISEN, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
150 Broadway
New York, New York 10038
(212) 285-3800

ATTORNEY VERIFICATION

STATE OF NEW YORK)
:SS.:
COUNTY OF NEW YORK)

DANIEL I. WINTER, being duly sworn, deposes and says:

That he is a member of the law firm of AHMUTY, DEMERS & McMANUS, the attorneys for the defendant, SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION, in the above-entitled action; that he has read and knows the contents of the foregoing ***Verified Answer*** and that same is true to his own knowledge, except as to those matters therein stated to be alleged on information and belief and that as to those matters he believes to be true.

Deponent further says that the grounds for his belief as to all matters therein stated upon information and belief are statements made to him by the defendant and papers and documents received by deponent from the defendant or its representative and which are now in his possession.

Deponent further says that the reason why this verification is made by deponent and not by the defendant is that defendant is not within the County of New York, where deponent has his office.

DANIEL I. WINTER

Sworn Before Me This
19th Day of December, 2018.

NOTARY PUBLIC

AMY PERROTTA
Notary Public, State of New York
No. 01PE6375094
Qualified in Richmond County
My Commission Expires May 14, 2022

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

----------X

Index No.: 522043/18

CERTIFICATION PURSUANT TO PART 130

The accompanying papers are served pursuant to Section 130-1.1-a:

[X]	Verified Answer	[X]	Demand for a Verified Bill of Particulars
[X]	Notice for Discovery and Inspection	[X]	Demand for Expert Witness Information
[X]	Demand for Medical Information	[X]	Demand for Insurance Information
[X]	Demand for Collateral Source Information	[X]	Notice Declining Service Via Facsimile
[X]	Notice to Take Deposition Upon Oral Examination	[X]	Demand for Proof of Service
[X]	Demand for Ad Damnum	[X]	Demand for Medicare/Medicaid Information
[X]	Demand for Attorney Identification		

Dated: New York, New York
December 18, 2018

By: _____

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION
199 Water Street, 16th Floor
New York, New York 10038
(212) 513-7788
File No: SPD 1740N18 BJD

TO:

ROBERT J. EISEN, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
150 Broadway
New York, New York 10038
(212) 285-3800

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

----------X

Index No.: 522043/18

DEMAND FOR A VERIFIED BILL OF PARTICULARS

PLEASE TAKE NOTICE, that pursuant to CPLR 3041 to 3044, plaintiff is required to serve upon the undersigned, within 30 days hereof, a Verified Bill of Particulars concerning the following matters:

1. The date, time and location of the occurrence.

2. Detailed description of each injury sustained.

3. Each injury claimed to have resulted in a permanent disability and describe the nature and degree of disability.

4. The periods of a) total disability; b) partial disability.

5. Length of time confined to: a) bed; b) home; c) hospitals.

6. The name of every hospital, clinic or institution where any treatment or examination was rendered, and dates of admission and discharge.

7. Name and address of each employer; if self employed state nature of self employment and business address.

8. Length of time incapacitated from employment.

9. The position held and/or type of work performed by each plaintiff.

10. Amounts claimed as lost earnings, including detailed statement as to how such lost earnings were computed.

11. If any plaintiff was a student, give the name and address of the school attended and the length of time incapacitated from attending said school.

12. Separately state amounts claimed for:

a) Physicians' services
b) Medications, supplies and x-rays
c) Nurse, therapist and chiropractic services
d) Hospital expenses
e) Any other related expenses, identify and detail.

13. The residence address, date of birth and social security number of each plaintiff.

14. If the occurrence took place in the interior of premises, give floor number, room, stair, aisle or other detail sufficient to locate the accident site; if upon a sidewalk or exterior of premises, the distance from the curb and building line and other fixed object.

15. Describe in detail how it is claimed the accident occurred.

16. All the acts and/or omissions constituting the negligence of:

a) this answering defendant
b) each co-defendant

17. Any and all laws, rules, regulations and ordinances that are claimed to be either applicable to the occurrence or are claimed to have been violated by each defendant.

18. If the plaintiff claims a dangerous, unsafe, or defective condition was the cause of the accident:

a) describe that condition;
b) set forth in what manner the condition described was dangerous, defective and/or unsafe;
c) specify the date and time when the condition was caused or created;
d) set forth the identity of the person or company who caused or created the condition.

19. State whether the answering defendant:

a) had actual or constructive notice of the condition alleged;
b) if the actual notice is claimed, state to whom and by whom such notice was given; the date, place and the manner in which such notice was given;

c) if constructive notice is claimed, state how long the defective condition existed and the manner in which the answering defendant knew or should have known of the condition.

Dated: New York, New York
December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION
199 Water Street, 16th Floor
New York, New York 10038
(212) 513-7788
File No: SPD 1740N18 BJD

TO:

ROBERT J. EISEN, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
150 Broadway
New York, New York 10038
(212) 285-3800

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

----------X

Index No.: 522043/18

NOTICE FOR DISCOVERY AND INSPECTION

PLEASE TAKE NOTICE that the undersigned hereby demands that the plaintiff produce for discovery and inspection with leave to photocopy, at the office of the undersigned within twenty days (20) hereof, the following:

1. The names and addresses of all persons who were eyewitnesses to the occurrence. (Zellman v. Metropolitan Transit Authority 40 AD2d 248).

2. The names and addresses of all persons who will testify on the issue of notice, actual or constructive, concerning the condition of the premises as alleged in the Complaint. (Zayas v. Morales, 45 AD2d 610).

3. Any written or recorded statement taken of this party or its agents, servants, employees or representatives by any party or any party's representative.

4. All photographs which any party will allege fairly and accurately depict the condition of the premises at the time and place of the happening of the occurrence.

Dated: New York, New York
December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION
199 Water Street, 16th Floor
New York, New York 10038
(212) 513-7788

File No: SPD 1740N18 BJD

TO:

ROBERT J. EISEN, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
150 Broadway
New York, New York 10038
(212) 285-3800

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

----------X

Index No.: 522043/18

DEMAND FOR EXPERT WITNESS INFORMATION

PLEASE TAKE NOTICE that it is demanded pursuant to Section 3101(d) of the Civil Practice Law and Rules, that all parties are hereby required to serve upon the undersigned within twenty (20) days of the date of this notice, the following:

1. State whether there is any person you expect to call as an expert witness at the time of the trial of this action.

2. If the answer to the preceding is in the affirmative, please state in detail as to each and every such expert person:

   a) His/her identity.

   b) His/her address.

   c) His/her field of expertise.

   d) Any sub-specialties of the witness within his field of expertise.

   e) In reasonable detail, the subject matter on which each and every expert is expected to testify.

   f) In reasonable detail, the substance of the facts and opinions to which each and every expert is expected to testify.

   g) In reasonable detail, the qualifications of each and every expert witness.

   h) In reasonable detail, a summary of the grounds for each expert's opinion.

i) Names, dates and publishers of any treatises, books, articles or essays or other writings published or unpublished by the expert relating in any way to the subject matter on which said expert is expected to testify. For each published article and essay, state the title of the book, journal or other work in which it can be found and the name and address of the publisher and date of publication.

3. State whether any expert, including but not limited to the person or persons identified in the preceding demands at any time made an examination, analysis, inspection or test of:

a) The premises or the area involved in the accident.

b) Any other item of real evidence which may be relevant to determining the cause of the accident or the damages alleged in the complaint.

4. If the answers to any of the preceding demands is in the affirmative, for each such person state:

a) The determination, if any, as to whether or not the product or item inspected was manufactured consistent with specifications.

5. Has the object or product identified in the preceding demands been destroyed or altered in the course of the examination, analysis, inspection or test performed upon it?

6. Did anyone assist the persons identified in the preceding demands in the performance of the examination, inspection and analysis of tests?

7. If the answer to any of the preceding demands is in the affirmative:

a) Identify each person who gave such assistance.

b) Describe the type and amount of assistance given.

c) State the dates on which such assistance given.

8. Did any of the persons identified in any of the preceding demands submit any reports based upon the test examinations conducted?

9. If any of the preceding demands are in the affirmative, state:

a) A description of each report that was made.

b) The date that each report was made.

c) Identify the person to whom each report was submitted.

d) Identify the persons who have present custody of each report.

10. Attach a copy of any reports identified in response to any of the preceding demands.

PLEASE TAKE FURTHER NOTICE, that upon your failure to respond to this demand within twenty (20) days, a motion will be made pursuant to CPLR 3101(d) for sanctions and/or to compel compliance with same.

Dated: New York, New York
December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION
199 Water Street, 16th Floor
New York, New York 10038
(212) 513-7788
File No: SPD 1740N18 BJD

TO:

ROBERT J. EISEN, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
150 Broadway
New York, New York 10038
(212) 285-3800

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Index No.: 522043/18

Plaintiff,

-against-

DEMAND FOR MEDICAL INFORMATION

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

----------X

PLEASE TAKE NOTICE, that the plaintiff is required to serve upon the undersigned within twenty (20) days following receipt of this notice, the following:

1. The names and addresses of all physicians or other health care providers who have treated, examined or consulted with the plaintiff for each of the conditions allegedly caused by, or exacerbated by, the occurrence described in the complaint, including the date of such treatment or examination.

2. Detailed narrative reports of all physicians and health care providers who will testify at the trial of this action regarding their treatment and care of, or consultation with the plaintiff. Said reports must identify any other medical documentation, including x-rays and technician reports relied upon or intended to be offered as evidence in the plaintiff's behalf.

3. Duly executed and acknowledged written authorizations of the plaintiff permitting the undersigned to secure the records, charts, bills and other documentation, including x-rays, of:

   a) all hospitals, clinics and/or other health care facilities in which the injured plaintiff herein was treated or confined due to the occurrence set forth in the complaint; and

   b) all treating, examining and or consulting physicians and/or other health care providers relating to the injured plaintiff herein (Pizzo v. Bunora, 89 A.D.2d 1013, 454 N.Y.S.2d 455); and

   c) all pharmacies from which the injured plaintiff herein purchased prescription medication for a period of one (1) year preceding the underlying occurrence to the present; and

d) all hospitals or other facilities, in which the plaintiff was treated or confined and all physicians and/or health care providers who treated, examined or consulted with the injured plaintiff prior to the underlying occurrence for any injury or condition claimed to have been aggravated or exacerbated in the underlying occurrence or for any prior injury or condition affecting the same, related or adjacent body parts claimed to have been injured in the occurrence underlying this action.

The foregoing authorizations shall be directed to the appropriate hospital, physician, etc., with complete address of same and indicating any hospital or account number, dates of confinement or treatment and issued and executed in favor of the undersigned not more than thirty (30) days before receipt by the undersigned.

PLEASE TAKE FURTHER NOTICE, that the defendant will move to preclude the offer into evidence on behalf of the plaintiff the testimony of any physician whose report has not been supplied in response hereto and as required by the applicable provisions of the C.P.L.R. and Appellate Division Rules and to preclude the offer into evidence of any demanded medical documentation or materials unless there has been full compliance with this demand.

Dated: New York, New York
December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION
199 Water Street, 16th Floor
New York, New York 10038
(212) 513-7788
File No: SPD 1740N18 BJD

TO:

ROBERT J. EISEN, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
150 Broadway
New York, New York 10038
(212) 285-3800

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

----------X

Index No.: 522043/18

DEMAND FOR INSURANCE INFORMATION

PLEASE TAKE NOTICE, that demand is hereby made upon all parties pursuant to CPLR 3101 (f) to produce and permit the undersigned attorney to inspect and copy the contents of (a) each and every primary, contributing and excess insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in this action or to indemnify or reimburse for payments made to satisfy the judgment, and (b) each and every insurance agreement in which the insuror is obligated to defend this action.

PLEASE TAKE FURTHER NOTICE, that said insurance agreements are to be produced within thirty (30) days hereof at the office of AHMUTY, DEMERS & McMANUS, ESQS., 199 Water Street, 16th Floor, New York, New York 10038 at which time they will be physically inspected, copied or mechanically reproduced and returned.

Dated: New York, New York
December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION
199 Water Street, 16th Floor
New York, New York 10038
(212) 513-7788
File No: SPD 1740N18 BJD

TO:

ROBERT J. EISEN, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
150 Broadway
New York, New York 10038
(212) 285-3800

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

----------X

Index No.: 522043/18

DEMAND FOR COLLATERAL SOURCE INFORMATION

PLEASE TAKE NOTICE, that you are hereby required to furnish to the undersigned within thirty (30) days hereof pursuant to 3101 and 4545 of the C.P.L.R., all documents, bills, invoices, receipts and/or cancelled checks concerning indemnification, payment and/or reimbursements, in whole or in part, which plaintiff(s) have received from collateral sources, including but not limited to insurance, social security, workers compensation or employee benefit programs for the cost of medical care, custodial care, rehabilitation services, loss of earnings and other economic loss which the plaintiff will claim as special damages in this action.

PLEASE TAKE FURTHER NOTICE, that failure to comply with the above mentioned request will render the plaintiff subject to available provisions provided under the C.P.L.R.

PLEASE TAKE FURTHER NOTICE, that this is a continuing demand and should any of the information requested become available or known in the future, then you are required to furnish same at such time.

Dated: New York, New York
December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION
199 Water Street, 16th Floor
New York, New York 10038
(212) 513-7788
File No: SPD 1740N18 BJD

TO:

ROBERT J. EISEN, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
150 Broadway
New York, New York 10038
(212) 285-3800

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

----------X

Index No.: 522043/18

NOTICE DECLINING SERVICE VIA FACSIMILE

PLEASE TAKE NOTICE, that this defendant, SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION, hereby declines receipt of service of legal papers of any type whatsoever by facsimile or other electric means.

Dated: New York, New York
December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION
199 Water Street, 16th Floor
New York, New York 10038
(212) 513-7788
File No: SPD 1740N18 BJD

TO:

ROBERT J. EISEN, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
150 Broadway
New York, New York 10038
(212) 285-3800

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

----------X

Index No.: 522043/18

NOTICE TO TAKE DEPOSITION UPON ORAL EXAMINATION

PLEASE TAKE NOTICE, pursuant to Article 31 of the CPLR, the deposition upon oral questions of the persons named will be taken as follows:

TO BE EXAMINED	:	All Parties
DATE, TIME & PLACE	:	January 31, 2019 10:00 a.m. AHMUTY, DEMERS & McMANUS, ESQS. 199 Water Street, 16th Floor New York, New York 10038

PLEASE TAKE NOTICE that testimony will be taken with respect to all relevant facts and circumstances including negligence, contributory negligence, comparative negligence, liability and damages in connection with the accident which is the subject matter of this lawsuit.

PLEASE TAKE FURTHER NOTICE that pursuant to CPLR 3111, each plaintiff and any co-defendant is required to produce the following items at the deposition:

1. The accident report prepared by or on behalf of the party or person to be examined, his servants, agents or representatives.

2. All medical bills and any receipts, cancelled checks or estimates relating to special damages.

3. If lost earnings are claimed, Federal and State Income Tax returns covering the year when the incident occurred and for two years prior thereto and one year thereafter.

4. Any contracts, leases or documents which will be relied upon with respect to any claim of any party to this action.

5. Any statement given by or on behalf of the party serving this notice.

6. Any and all exhibits, papers and/or documents relative to this lawsuit and the underlying claim.

Dated: New York, New York
December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION
199 Water Street, 16th Floor
New York, New York 10038
(212) 513-7788
File No: SPD 1740N18 BJD

TO:

ROBERT J. EISEN, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
150 Broadway
New York, New York 10038
(212) 285-3800

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Index No.: 522043/18

Plaintiff,

DEMAND FOR PROOF OF SERVICE

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

----------X

PLEASE TAKE NOTICE, pursuant to the applicable rules of the Civil Practice Law and Rules, Sections 306-a, as amended, and 3120, the defendants hereby demand that the plaintiffs file the Summons, show proof of purchase of an Index Number and proof of service of the Summons and Verified Complaint and produce copies of the following within thirty (30) days from the date thereof:

(1) A copy of the Summons filed with proof of service thereof.

(2) The Index Number assigned to this case.

Dated: New York, New York
December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION
199 Water Street, 16th Floor
New York, New York 10038
(212) 513-7788
File No: SPD 1740N18 BJD

TO:

ROBERT J. EISEN, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
150 Broadway
New York, New York 10038
(212) 285-3800

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

----------X

Index No.: 522043/18

DEMAND FOR ATTORNEY IDENTIFICATION

PLEASE TAKE NOTICE, that the undersigned hereby demands that the plaintiff provide the names and addresses of all the parties appearing in this action or the names and addresses of their respective attorneys together with copies of all pleadings heretofore served by those parties upon the plaintiff's attorney, pursuant to Sec. 2103(e) of the C.P.L.R.

Dated: New York, New York
December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION
199 Water Street, 16th Floor
New York, New York 10038
(212) 513-7788
File No: SPD 1740N18 BJD

TO:

ROBERT J. EISEN, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
150 Broadway
New York, New York 10038
(212) 285-3800

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Index No.: 522043/18

Plaintiff,

DEMAND FOR AD DAMNUM

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

----------X

PLEASE TAKE NOTICE, that pursuant to CPLR 3017, this answering defendant does hereby demand that plaintiff provide a specific dollar amount for the ad damnum clause contained within said Verified Complaint.

Dated: New York, New York
December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION
199 Water Street, 16th Floor
New York, New York 10038
(212) 513-7788
File No: SPD 1740N18 BJD

TO:

ROBERT J. EISEN, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
150 Broadway
New York, New York 10038
(212) 285-3800

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

----------X

Index No.: 522043/18

DEMAND FOR MEDICARE/MEDICAID INFORMATION

PLEASE TAKE NOTICE, that pursuant to Article 31 of the CPLR and 42 USC §1395y (b)(8)(A), the undersigned attorneys for defendant hereby demand that plaintiff furnish within thirty (30) days of service of this notice the following:

1. A statement as to whether the plaintiff has received benefits from either Medicare or Medicaid at any time, for any reason, not limited to the injuries alleged in the instant action. If so, please state and/or provide:

    a. Plaintiff's full name;
    b. Plaintiff's gender;
    c. Plaintiff's date of birth;
    d. Plaintiff's Social Security number;
    e. Plaintiff's residence telephone number;
    f. The Health Insurance Claim Number and/or Medicare/Medicaid file number;
    g. The address of the office handling the plaintiff's Medicare and/or Medicaid file;
    h. A duly executed authorization bearing plaintiff's date of birth and Social Security number or Health Insurance Claim Number permitting this firm and/or the representatives of defendant(s) to obtain copies of plaintiff's Medicare and/or Medicaid records. (A Consent to Release is annexed hereto for your convenience)

2. State whether Medicare and/or Medicaid has a lien and the amount of any such lien.

3. Provide copies of all documents, records, memoranda, notes, etc., in plaintiff's possession pertaining to plaintiff's receipt of Medicare and/or

Medicaid benefits, including copies of all documents provided to or received from the Medicare and/or Medicaid administrator.

4. If any Medicaid and/or Medicare Secondary Payer (MSP) claims exist, please provide a copy of the claim summary from Medicare and/or Medicaid regarding those claims.

5. If plaintiff has not received Medicare and/or Medicaid benefits in the past or is not receiving Medicare and/or Medicaid benefits now, state whether plaintiff is eligible to receive Medicare and/or Medicaid benefits.

6. If plaintiff has been receiving Medicare and/or Medicaid benefits and is now deceased, please provide the following:

   a. Relationship of the administrator of plaintiff's estate to plaintiff's decedent;
   b. Name and address of plaintiff's administrator;
   c. Telephone number and/or email address of plaintiff's administrator;
   d. Social Security number of plaintiff's administrator;
   e. An authorization to examine and copy deceased's Medicare and/or Medicaid records.

PLEASE TAKE FURTHER NOTICE, that pursuant to CPLR, this is a continuing demand and that you are required to serve the demanded information within thirty (30) days of the date of this demand.

If you do not possess the above-requested information, an Affidavit to that effect should be submitted.

PLEASE TAKE FURTHER NOTICE, that failure to comply with this Demand for Medicare/Medicaid information may result in the necessity of a motion to compel discovery accompanied by a request for the appropriate costs.

Dated: New York, New York
December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION
199 Water Street, 16th Floor
New York, New York 10038
(212) 513-7788
File No: SPD 1740N18 BJD

TO:

ROBERT J. EISEN, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
150 Broadway
New York, New York 10038
(212) 285-3800

CONSENT TO RELEASE

To: Medicare Secondary Payer Recovery Contractor
MSPRC Auto/Liability
P.O. Box 138832
Oklahoma City, Oklahoma 73113/8832
Fax (734) 957-0998

I , _____(print your name exactly as shown on your Medicare card) hereby authorize the CMS, its agents and/or contractors to release, upon request, information related to my injury/illness and/or settlement for the specified date of injury/illness to the individual and/or entity listed below:

CHECK ONLY ONE OF THE FOLLOWING TO INDICATE WHO MAY RECEIVE INFORMATION AND THEN PRINT THE REQUESTED INFORMATION:
(If you intend to have your information released to more than one individual or entity, you must complete a separate release for each one.)

( ) Insurance Company ( ) Workers' Compensation Carrier
(X) Other Ahmuty, Demers & McManus, Esqs.
(Explain)

Name of entity:	Ahmuty, Demers & McManus, Esqs.
Contact for above entity:	Daniel I. Winter, Esq.
Address:	199 Water Street, 16th Floor, New York, New York 10038
Telephone:	(212) 513-7788

CHECK ONE OF THE FOLLOWING TO INDICATE HOW LONG CMS MAY RELEASE YOUR INFORMATION (The period you check will run from when you sign and date below.):

( ) One Year ( ) Two Years ( ) Other _____
(Provide a specific period of time)

MEDICARE BENEFICIARY INFORMATION AND SIGNATURE:

Beneficiary Signature: _____ Date signed: _____

Note: If the beneficiary is incapacitated, the submitter of this document will need to include documentation establishing the authority of the individual signing on the beneficiary's behalf. Please visit www.msprc.info for further instructions.

Medicare Health Insurance claim Number (from Medicare card)
or Social Security number: _____

Date of Injury/Illness: _____

AFFIDAVIT OF SERVICE BY MAIL

STATE OF NEW YORK)
: SS.:
COUNTY OF NEW YORK)

AMY PERROTTA, being duly sworn deposes and says that deponent is not a party to this action is over 18 years of age and resides in Staten Island, New York.

That on the 19th day of December, 2018, deponent served the within ***CERTIFICATION PURSUANT TO PART 130, VERIFIED ANSWER, ATTORNEY VERIFICATION, DEMAND FOR A VERIFIED BILL OF PARTICULARS, NOTICE FOR DISCOVERY AND INSPECTION, DEMAND FOR EXPERT WITNESS INFORMATION, DEMAND FOR MEDICAL INFORMATION, DEMAND FOR INSURANCE INFORMATION, DEMAND FOR COLLATERAL SOURCE INFORMATION, NOTICE DECLINING SERVICE VIA FACSIMILE, NOTICE TO TAKE DEPOSITION UPON ORAL EXAMINATION, DEMAND FOR PROOF OF SERVICE, DEMAND FOR AD DAMNUM and DEMAND FOR MEDICARE/MEDICAID INFORMATION*** upon:

ROBERT J. EISEN, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
150 Broadway
New York, New York 10038
(212) 285-3800

the attorneys for the respective parties hereto at the address designated by them for that purpose, by depositing a true copy of same enclosed in a postpaid properly addressed envelope in an official depository under the exclusive care and custody of the United States Post Office Department within the State of New York.

AMY PERROTTA

Sworn to before me on this
19th day of December, 2018.

NOTARY PUBLIC

THERESA FIELDS
Notary Public, State of New York
No. 24-5011121
Qualified in Kings County
Commission Expires April 12, 2019

EXHIBIT C

File No. 30444

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Plaintiff(s),

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY, LLC and SPEEDWAY GAS STATION,

Defendant(s).

----------X

VERIFIED BILL OF PARTICULARS

Index No.: 522043/2018

Plaintiff, HADMIRA C. LEACOCK, by her attorneys SUBIN ASSOCIATES, responding to demands of defendants, SPEEDWAY LLC i/s/h/a SPEEDWAY. LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION for a Bill of Particulars dated, December 18, 2018, upon information and belief, respectfully allege(s):

1. The incident occurred on 06/05/2018 at approximately 2:00 A.M.

   The incident occurred on the premises located at 1620 Nepture Avenue, Brooklyn, New York.

2. The following injuries were caused, aggravated, accelerated, precipitated and/ or enhanced as a result of the defendants' negligence:

LEFT SHOULDER:

- Tenosynovitis, impingement in rotator cuff as well as tear
- Derangement
- Sprain/Strain
- Tear of anterior glenoid labrum;
- Tendinosis and tendinopathy involving the distal supraspinatus and infraspinatus tendons;
- Tendinosis and tendinopathy of the distal subscapularis tendon.
- Trace glenohumeral synovial joint effusion;

- Pain;
- Swelling;
- Marked restriction of range of motion;
- As a result of the plaintiff's injuries surgery was required and performed on 02/21/2019, the procedures performed were as follows:
    - Left shoulder arthoscopic subacromial decompression;
    - Left shoulder arthoscopic SLAP, labral and rotator cuff debridement;
    - Left should arthoscopic extensive synovectomy;

As a result of the foregoing the plaintiff suffers from severe pain, swelling and tenderness of the left shoulder resulting in loss of strength, loss of function, loss of motion, restriction of movement, all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

CERVICAL SPINE:

- At C5-C6 left foraminal disc herniation impinging on the exiting left C6 nerve root and superimposed on subligamentous disc bulging;
- At C6-C7 subligamentous disc bulging with a shallow right foraminal disc herniation;
- At C4-C5 subligamentous disc bulging abutting the ventral cord;
- Disc displacement;
- Left side C6 radiculopathy;
- Straightening of the lordosis;
- Pain radiates to left upper extremity;
- Spasm;
- Stiffness;
- Tenderness;
- Marked restriction of range of motion;

As a result of the foregoing the plaintiff suffers from severe pain, swelling and tenderness of the cervical spine resulting in loss of strength, loss of function, loss of motion,

restriction of movement, all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

LUMBAR SPINE:

- L5-S1 1mm retrolisthesis and a posterior subligamentous disc herniation impressing on the ventral thecal sac encroaching peripherally into the foramina bilaterally abutting the right and nearly abutting the left L5 nerve roots in the foramina with facet hypertrophy at this level;
- Hypertrophy of the facets encroaches on the thecal sac poster laterally at L1-L2 through L4-L5, somewhat greater at L3-L4 and L4-L5, with the posterior subarticular margin of the hypertrophic right facet at L2-L3;
- Intervertebral disc displacement;
- Posterior paraspinal fasciitis;
- Pain;
- Spasm;
- Stiffness;
- Tenderness;
- Marked restriction of range of motion;

As a result of the foregoing the plaintiff suffers from severe pain, swelling and tenderness of the lumber spine resulting in loss of strength, loss of function, loss of motion, restriction of movement, all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

OTHER:

- Left ankle injury with pain;
- Left hip injury with pain;
- Left side arm injury;
- Upper back pain, spasm, stiffness, tenderness, and limited of range of motion;
- Headaches;

– Difficulty in sleeping;

The foregoing injuries directly affected the bones, tendons, tissues, muscles ligaments, nerves, blood vessels and soft tissue in and about the involved areas and sympathetic and radiating pains from all of which the plaintiff suffered, still suffers and may permanently suffer and may develop arthritis;

As a result of the accident and the injuries herein sustained, the plaintiff suffered a severe shock to her nervous system;

The foregoing injuries impaired the general health of the plaintiff; the plaintiff verily believes that all of the injuries hereinabove sustained, with the exception of bruises and contusions, are permanent and progressive in nature;

The plaintiff may permanently suffer from the aforesaid injuries and from its effects upon her nervous system.

3. All injuries listed are believed to be permanent at this time.
4. a) Plaintiff was not totally disabled.

   b) Plaintiff was partially disabled for 7 months from date of accident until December 2018.
5. Plaintiff was confined as follows:
   a) Bed: For approximately three weeks after the accident and continuing intermittently thereafter.
   b) Home: For approximately one month and half after the accident and continuing intermittently thereafter.
   c) Hospital: Plaintiff was confined to Coney Island Hospital, 2601 Ocean Parkway, Brooklyn, New York 11235 on 06/05/2018.
6. Providers' information: See Notice of Availability. The exact names, addresses of each and every hospital, clinic or institution and dates of treatment are contained in the providers' files.
7. Name and address of Employer: Not applicable.

   Self-employment: Event Planner.
8. Length of time incapacitated from employment: 7 months.

9. Position held and/or type of work: Not applicable.
10. Loss of earnings: Appromixately $20,000.
11. Student/School: Chicago University On-line classes. Missed one month and half of classes.
12. Total amounts claimed as special damages are in the fair and reasonable and approximate amounts as follows:
    a) Physicians' services: Approximately $3,000.00 and continuing
    b) Medications, supplies and x-ray: Included in 12 'a)' and 'd)'.
    c) Nurses, therapist and chiropractic services: Included in 12 'a)' and 'd)'.
    d) Hospital expenses: Approximately $1,000.00 and continuing.
    e) Any other related expenses: To be provided, if applicable.
13. Plaintiff resides at 13411 232nd Street, Laurelton, New York 11413.
    Plaintiff's date of birth: xx/xx/xx75; Social security #: Plaintiff will provide her social security number off the record at her deposition.
14. Interior of premises, floor number, room, stair, aisle or other detail sufficient to locate the accident site: Objection- Improper demand and evidentiary in nature.
    Sidewalk: Objection -Improper demand and evidentiary in nature
15. Objection -Evidentiary in nature.
16. a) – b) That the said incident and resulting injuries to the plaintiff were caused through no fault of her own but were solely and wholly by reason of the negligence of the defendants', their agents, servants and/or employees in that the defendants' suffered, caused and/or permitted and/or allowed portions of said gas station lot, to be, become and remain in a dangerous, defective, hazardous, unsafe, broken, cracked, uneven, holey, chipped, depressed raised, unsmooth, loose condition and was negligently and/or improperly maintained, and same was otherwise so dangerous, hazardous, and/or unsuitable for use by persons lawfully upon the sidewalks constituting a nuisance and a trap, and permitting same to be and remain in such a dangerous and defective condition for a long period and/or unreasonable period of time; in improperly causing, suffering, permitting and/or allowing improper construction of said gas

station lot; in failing to properly maintain said gas station lot and in improperly maintaining said sidewalks, in improperly and negligently repairing said gas station lot, in permitting and allowing defective repairs on said gas station lot, in failing to apprise and/or warn the public and in particular the plaintiff of the aforementioned conditions; in failing of defendants' and their agents to properly inspect the premises; in failing to place signs, barricades, warnings and/or other devices to apprise persons of the dangerous, unsafe condition thereat; in generally maintaining said gas station lot in such a dangerous defective and/or unsafe condition so as to cause the incident herein complained of; in creating and maintaining a menace, hazard, nuisance and trap thereat; in failing to comply with the laws, statutes, ordinances and regulations made and provided therefor. Plaintiff further relies on the doctrine of Res Ipsa Loquitur.

17. The Court will take judicial notice of any and all applicable, statutes, laws, rules, regulations and/or ordinances, violated by the defendants at the trial of this action, including but not limited to the New York City Administrative Code Title 19, section 19-138, 19-139, 19-143, 19-146, 19-147 and 19-152. The plaintiff reserves the right to allege additional violations as may become apparent based on the evidence adduced at trial.

18. a)-d) Dangerous, unsafe or defective condition: Objection-Improper demand and evidentiary in nature.

19. a) Both actual and constructive notices are claimed.

    b) Actual notice in that the defendants, their agents, servant and/or employees created and/or had actual knowledge of the complained of condition. The remaining part of this demand is improper as it is evidentiary in nature.

    c) Constructive notice in that the complained of condition existed for a long and unreasonable period of time under the circumstances. The remaining part of this demand is improper as it is evidentiary in nature.

PLEASE TAKE NOTICE, that the Plaintiff expressly reserves the right to supplement

and/or amend the within Bill of Particulars as to injuries and/or damages claimed herein up to and including the time of trial of this action.

Dated: New York, New York
September 16, 2019

Yours, etc.,

SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff(s)
150 Broadway, 23rd Floor
New York, NY 10038
(212) 285-3800

Subin Associates, LLP
New York's Premier Personal Injury Law Firm, Since 1954

September 16, 2019

AHMUTY, DEMERS & McMANUS, ESQS.
199 Water Street, 16th Floor
New York, New York 10038

RE: Hadmira C. Leacock v. Hess Retail Stores LLC et, al
D/A: 06/05/2018
Index No.: 522043/2018
File No.: 30444

Dear Sirs:

Enclosed herein, plaintiff is serving upon you various notices for Discovery and Inspection, a demand for a Bill of Particulars and a Priority Notice for examination before trial.

We write this letter to you in good faith pursuant to the new Court rules reminding you of your obligation to timely respond to these demands. Please comply with said discovery demands by the dates scheduled on said notices and demands. Also, please contact our examination before trial clerk if the examination before trial date is inconvenient for you.

If for some reason you are unable to comply with this schedule or need an extension, please contact us so that we may work out any problems you may have with said schedule. Failing to hear from you, we will assume the schedule established by this correspondence is satisfactory to you. Your failure to comply with these demands as noticed, or to work out some acceptable discovery schedule will result in applications to the court pursuant to the court rules for relief and/or sanctions.

Thank you for your anticipated compliance and cooperation.

Very truly yours,

SUBIN ASSOCIATES, L.L.P.
Maria Zieher
BY: MARIA C. ZIEHER, ESQ.
This NOTICE OF EXAMINATION BEFORE TRIAL, DEMAND FOR A BILL OF PARTICULARS, AND VARIOUS NOTICES OF DISCOVERY AND INSPECTION and the papers on which they are based, are certified pursuant to Section 130-1.1-a of the rules of the Chief Administrator (22NYCRR)

Encls.

FILE #: 30444

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Plaintiff(s),

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY, LLC and SPEEDWAY GAS STATION,

Defendant(s).

----------X

COMBINED RESPONSE TO DISCOVERY AND INSPECTION

Index No.: 522043/2018

S I R S:

Plaintiff, as and for her response to discovery and inspection, by her attorneys, upon information and belief, respectfully allege(s):

1. Witnesses: None known besides the parties themselves.
2. Statements: None in Plaintiff's possession.
3. Photo of the scene of the occurrence: Color copies annexed;
   Photos of the condition of the occurrence: Color copies annexed.
4. Plaintiff has not retained an expert at this time but reserves the right to do so now and up until the time of trial.
5. Medical/ Authorization: See plaintiff's Notice of Availability.
6. Pharmacies for a period of one (1) year preceding the occurrence: Objection. Improper Demand.
   Pharmacies for present: To be provided, if applicable.
7. Plaintiff is not in possession of any insurance agreements for any liable party.
8. 4545: Plaintiff receives Health Insurance coverage through Empire BlueCross BlueShield, 9 MetroTech Roadway,Brooklyn, New York 11201 ID# JLJ006936564;
9. A copy of the Summons filed with proof of service: Copy annexed.
   Index number: 522043/2018
10. Appearances: As noted below.
11. Demand for Ad damnum: Objection. Improper Demand.
12. Medicare/ Medicaid: Included in 8.

DATED: New York, New York
September 16, 2019

Yours, etc.,

SUBIN ASSOCIATES, LLP
Attorney for Plaintiff(s)
150 Broadway, 23rd Floor
New York, New York 10038
(212) 285-3800

TO:

AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant(s)
SPEEDWAY LLC i/s/h/a SPEEDWAY. LLC,
HESS RETAIL STORES LLC, HESS
CORPORATION and SPEEDWAY GAS STATION
199 Water Street, 16th Floor
New York, New York 10038
Tel.: (212) 513-7788

FILE #: 30444

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

----------X

HADMIRA C. LEACOCK,

Plaintiff(s),

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY, LLC and SPEEDWAY GAS STATION,

Defendant(s).

----------X

NOTICE OF AVAILABILITY

Index No.: 522043/2018

S I R S:

PLEASE TAKE NOTICE, that pursuant to the Special Rules of the Court, the plaintiff may be examined at the office of the undersigned on the 29th day of November, 2019, at 2:00 o'clock. Enclosed please find the following:

1. Verified Bill of Particulars
2. Hospital records of Coney Island Hospital (ED).
3. Medical records of All Boro Medical Rehabilitation/Felix Karafin, M.D.
4. Radiological records of Damadian MRI in Canarsie, P.C.
5. Medical records of Dr. Alan L. Kaplan & Dr. Joel S. Gottlieb PC
6. Medical records of Nitin D. Narkhede, M.D.
7. Medical records of Spine Care NYC
8. Operative Report of New Horizon Surgical Center (Dr. Kenneth McCulloch)
9. Authorizations for:
    a. Coney Island Hospital (ED).
    b. All Boro Medical Rehabilitation/Felix Karafin, M.D.
    c. Nitin D. Narkhede, M.D.
    d. Damadian MRI in Canarsie, P.C.

e. Dr. Alan L. Kaplan & Dr. Joel S. Gottlieb PC

f. Spine Care NYC

g. New Horizon Surgical Center (Dr. McCulloch)

h. Empire BlueCross BlueShield (Collateral Source)

Dated: New York, New York
September 16, 2019

Yours, etc.

BY: **MARIA C. ZIEHER, ESQ.**
This NOTICE OF AVAILABILITY, NOTICE OF INTENTION, BILL OF PARTICULARS and COMBINED RESPONSE TO DISCOVERY AND INSPECTION and the papers on which they are based, are certified pursuant to Section 130-1.1-a of the rules of the Chief Administrator (22NYCRR)
SUBIN ASSOCIATES, LLP
Attorney for Plaintiff
150 Broadway, 23rd Floor
New York, NY 10038
(212) 285-3800

STATE OF NEW YORK)

COUNTY OF NEW YORK) SS.:

Eric Pederson, deposes and says:

Deponent is not a party to the action is over 18 years of age and resides at New York County, NY.

On September 16, 2019 deponent served the within **NOTICE OF AVAILABILITY, VERIFIED BILL OF PARTICULARS AND RESPONSE TO COMBINED DEMANDS** upon:

AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant(s)
SPEEDWAY LLC i/s/h/a SPEEDWAY. LLC,
HESS RETAIL STORES LLC, HESS
CORPORATION and SPEEDWAY GAS STATION
199 Water Street, 16th Floor
New York, New York 10038

this being the address designated by said attorneys for that purpose by depositing a true copy of same enclosed in a post-paid properly addressed wrapper, in an official depository mailbox maintained at 150 Broadway, 23rd Floor New York, N.Y. 10038 under the exclusive care and custody of the United States Postal Service within the State of New York.

ERIC PEDERSON

Sworn to before me this
September 16, 2019

JEN M. PHILLIP
Notary Public, State of New York
No. 01PH6299086
Qualified in Kings County
Commission Expires March 17, 2022

Index No. 522043/2018

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

HADMIRA C. LEACOCK,

Plaintiff(s),

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY, LLC and SPEEDWAY GAS STATION,

Defendant(s).

NOTICE OF AVAILABILITY, VERIFIED BILL OF PARTICULARS AND RESPONSE TO COMBINED DEMANDS

SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff(s)
Office and Post Office Address, Telephone
150 Broadway, 23rd Floor
New York, NY 10038
Telephone (212) 285-3800

"WE DO NOT ACCEPT SERVICE BY ELECTRONIC TRANSMISSION (FAX)"

Service of a copy of the within is hereby admitted
Dated:,

.....
Attorney(s) for

PLEASE TAKE NOTICE

☐ *That the within is a (certified) true copy of an* ORDER *entered in the office*
NOTICE OF ENTRY *of the clerk of the within named court on* , 2019.

☐ *That an Order of which the within is a true copy will be presented for*
NOTICE OF SETTLEMENT *settle to the Hon.one of the judges of the within named court, at on* , 2019, *at* 10:00 *a.m.*
Dated:

POWER OF ATTORNEY

To Execute HIPAA Medical Record Authorization Forms Pursuant To NY Public Health Law §18(1(g) As Amended 10/26/04.

I, Hadmira C. Lecock at 1311 73rd Street Laurelton, New York 11413

do hereby appoint my attorney:
SUBIN ASSOCIATES, LLP (EDWIN LOPEZ, JAIME CASTILLO, JORGE COLLADO AND ANA GONZALEZ) with offices at 150 Broadway, 23rd Floor, New York, New York 10038, my attorneys-in-fact to act (each agent may act separately) in my name; place and stead in any way which I myself could do, if I were personally present to execute HIPAA medical record authorization forms pursuant to NY Public Health Law §18(1)g) as amended 10/26/04. This Power of Attorney may be revoked by me at any time. This Power of Attorney shall not be affected by my subsequent disability or incompetence.

This power of attorney expressly and unconditionally waives any doctor/patient privilege; and/or any expectation of privacy with regard to medical reports and/or records obtained in the prosecution or defense of my personal injury litigation, whether from my medical providers and/or reports generated from or on behalf of physicians retained by or on behalf of defendants or insurance companies, whether or not the reports and/or records are in the public domain. I expressly consent to the use and/or disclosure of these reports and/or records in the furtherance of my litigation and/or for the benefit of other litigants."

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party by reason of such third party having relied on the provisions of this instrument.

In Witness Whereof, I have hereunto signed my name this 5 day of June, 2018.

STATE OF NEW YORK
COUNTY OF New York

On this 5 day of June, 2018 before me personally appeared

Hadmira C. Lecock

personally known to be or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person who acted on behalf of the individual, executed the instrument and that such individual made such appearance before the undersigned at 150 Broadway, 23rd Floor, New York, New York.

Notary Public

LUIS R DELEON
Notary Public, State of New York
No. 01DE6291884
Qualified in Kings County
Commission Expires 10/21/2021

OCA Official Form No.:960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Hadmira C. Leacock	**07/25/1975**	**xxx-xx-4521**
Patient Address: **13411 232nd Street, Laurelton, New York 11413**		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THEN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information: **Coney Island Hospital, 2601 Ocean Parkway, Brooklyn, New York 11235**	
8. Name and address of person(s) or category of person to whom this information will be sent: **Ahmuty, Demers & Mcmanus, Esqs., 199 Water Street, 16th Floor, New York, New York 10038**	
9(a). Specific information to be released: ☒ Medical Record from (06/05/2018) to (Present) ☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.	
☐ Other:	Include: (Indicate by Initialing) **AC Alcohol/Drug Treatment** **MC Mental Health Information** **HC HIV-Related Information**
Authorization to Discuss Health Information ☐ By initialing here_____ I authorize Initials to discuss my health information with my attorney, or a governmental agency, list here:	
10. Reason for release of information: ☐ At request of individual ☒ Other: **Litigation**	11. Date or event on which this authorization will expire: **End of Litigation**
12. If not the patient, name of person signing form: **Jaime Castillo**	13. Authority to sign on behalf of patient: **Power of Attorney**

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

_____ Date: 9/16/19

Signature of patient or representative authorized by law.

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

OCA Official Form No.:960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Hadmira C. Leacock	**07/25/1975**	**xxx-xx-4521**
Patient Address: **13411 232nd Street, Laurelton, New York 11413**		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:
In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THEN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information: **All Boro Medical Rehabilitation/ Felix Karafin, M.D., 369 East 149th Street, Bronx, New York 10455**	
8. Name and address of person(s) or category of person to whom this information will be sent: **Ahmuty, Demers & Mcmanus, Esqs., 199 Water Street, 16th Floor, New York, New York 10038**	
9(a). Specific information to be released: ☒ Medical Record from (06/05/2018) to (Present) ☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.	
☐ Other:	Include: (Indicate by Initialing) ☐ **Alcohol/Drug Treatment** ☐ **Mental Health Information** ☐ **HIV-Related Information**
Authorization to Discuss Health Information ☐ By initialing here_____ I authorize Initials to discuss my health information with my attorney, or a governmental agency, list here:	
10. Reason for release of information: ☐ At request of individual ☒ Other: **Litigation**	11. Date or event on which this authorization will expire: **End of Litigation**
12. If not the patient, name of person signing form: **Jaime Castillo**	13. Authority to sign on behalf of patient: **Power of Attorney**

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

_____ Date: 9/16/19

Signature of patient or representative authorized by law.

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

OCA Official Form No.:960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Hadmira C. Leacock	**07/25/1975**	**xxx-xx-4521**
Patient Address: **13411 232nd Street, Laurelton, New York 11413**		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:
In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THEN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information: **Nitin D. Narkhede, M.D., 2378 A. Ralph Avenue, Brooklyn, New York 11234**	
8. Name and address of person(s) or category of person to whom this information will be sent: **Ahmuty, Demers & Mcmanus, Esqs., 199 Water Street, 16th Floor, New York, New York 10038**	
9(a). Specific information to be released: ☒ Medical Record from (06/05/2018) to (Present) ☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.	
☐ Other:	Include: (Indicate by Initialing) JC ☐ **Alcohol/Drug Treatment** JC ☐ **Mental Health Information** JC ☒ **HIV-Related Information**
Authorization to Discuss Health Information ☐ By initialing here_____ I authorize Initials to discuss my health information with my attorney, or a governmental agency, list here:	
10. Reason for release of information: ☐ At request of individual ☒ Other: **Litigation**	11. Date or event on which this authorization will expire: **End of Litigation**
12. If not the patient, name of person signing form: **Jaime Castillo**	13. Authority to sign on behalf of patient: **Power of Attorney**

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

_____ Date: 9/16/19

Signature of patient or representative authorized by law.

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

OCA Official Form No.:960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Hadmira C. Leacock	**07/25/1975**	**xxx-xx-4521**
Patient Address: **13411 232nd Street, Laurelton, New York 11413**		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THEN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information: **Damadian MRI in Canarsie, P.C., 2035 Ralph Avenue, Suite A-5, Brooklyn, New York 11234**	
8. Name and address of person(s) or category of person to whom this information will be sent: **Ahmuty, Demers & Mcmanus, Esqs., 199 Water Street, 16th Floor, New York, New York 10038**	
9(a). Specific information to be released: ☒ Medical Record from (06/05/2018) to (Present) ☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.	
☐ Other:	Include: (Indicate by Initialing) **Alcohol/Drug Treatment** **Mental Health Information** **HIV-Related Information**
Authorization to Discuss Health Information ☐ By initialing here_____ I authorize Initials to discuss my health information with my attorney, or a governmental agency, list here:	
10. Reason for release of information: ☐ At request of individual ☒ Other: **Litigation**	11. Date or event on which this authorization will expire: **End of Litigation**
12. If not the patient, name of person signing form: **Jaime Castillo**	13. Authority to sign on behalf of patient: **Power of Attorney**

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

_____ Date: 9/16/19

Signature of patient or representative authorized by law.

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

OCA Official Form No.:960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Hadmira C. Leacock	**07/25/1975**	**xxx-xx-4521**
Patient Address: **13411 232nd Street, Laurelton, New York 11413**		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:
In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
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5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THEN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information: **Dr. Alan L Kaplan & Dr. Joel S. Gottlieb PC, 2378 A Ralph Avenue, Brooklyn, New York 11234**	
8. Name and address of person(s) or category of person to whom this information will be sent: **Ahmuty, Demers & Mcmanus, Esqs., 199 Water Street, 16th Floor, New York, New York 10038**	
9(a). Specific information to be released: ☒ Medical Record from (06/05/2018) to (Present) ☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.	
☐ Other:	Include: (Indicate by Initialing) AC **Alcohol/Drug Treatment** SC **Mental Health Information** AC **HIV-Related Information**
Authorization to Discuss Health Information ☐ By initialing here_____ I authorize Initials to discuss my health information with my attorney, or a governmental agency, list here:	
10. Reason for release of information: ☐ At request of individual ☒ Other: **Litigation**	11. Date or event on which this authorization will expire: **End of Litigation**
12. If not the patient, name of person signing form: **Jaime Castillo**	13. Authority to sign on behalf of patient: **Power of Attorney**

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

_____ Date: 9/16/19

Signature of patient or representative authorized by law.

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

OCA Official Form No.:960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Hadmira C. Leacock	**07/25/1975**	**xxx-xx-4521**
Patient Address: **13411 232nd Street, Laurelton, New York 11413**		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:
In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THEN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:
Spine Care NYC 110 Duane St, New York, NY 10007

8. Name and address of person(s) or category of person to whom this information will be sent:
Ahmuty, Demers & Mcmanus, Esqs., 199 Water Street, 16th Floor, New York, New York 10038

9(a). Specific information to be released:
☒ Medical Record from (06/05/2018) to (Present)
☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

☐ Other:

Include: (Indicate by Initialing)
☒ **Alcohol/Drug Treatment**
☒ **Mental Health Information**
☒ **HIV-Related Information**

Authorization to Discuss Health Information
☐ By initialing here_____ I authorize
Initials
to discuss my health information with my attorney, or a governmental agency, list here:

10. Reason for release of information:
☐ At request of individual
☒ Other: **Litigation**

11. Date or event on which this authorization will expire:
End of Litigation

12. If not the patient, name of person signing form:
Jaime Castillo

13. Authority to sign on behalf of patient:
Power of Attorney

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

_____ Date: 9/16/19
Signature of patient or representative authorized by law.

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

OCA Official Form No.:960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Hadmira C. Leacock	**07/25/1975**	**xxx-xx-4521**
Patient Address: **13411 232nd Street, Laurelton, New York 11413**		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:
In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
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5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THEN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:
New Horizon Surgical Center, L.L.C 680 Broadway, Suite 201 Paterson, NJ 07514

8. Name and address of person(s) or category of person to whom this information will be sent:
Ahmuty, Demers & Mcmanus, Esqs., 199 Water Street, 16th Floor, New York, New York 10038

9(a). Specific information to be released:
☒ Medical Record from (06/05/2018) to (Present)
☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

☐ Other:	Include: (Indicate by Initialing)
	AC Alcohol/Drug Treatment
	MC Mental Health Information
	HC HIV-Related Information

Authorization to Discuss Health Information
☐ By initialing here_____ I authorize
Initials
to discuss my health information with my attorney, or a governmental agency, list here:

10. Reason for release of information:	11. Date or event on which this authorization will expire:
☐ At request of individual ☒ Other: **Litigation**	**End of Litigation**
12. If not the patient, name of person signing form: **Jaime Castillo**	13. Authority to sign on behalf of patient: **Power of Attorney**

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

_____ Date: 9/16/19
Signature of patient or representative authorized by law.

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

OCA Official Form No.:960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Hadmira C. Leacock	**07/25/1975**	**xxx-xx-4521**
Patient Address: **13411 232nd Street, Laurelton, New York 11413**		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THEN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information: **Empire BlueCross BlueShield, 9 MetroTech Roadway, Brooklyn, New York, 11201**	
8. Name and address of person(s) or category of person to whom this information will be sent: **Ahmuty, Demers & Mcmanus, Esqs., 199 Water Street, 16th Floor, New York, New York 10038**	
9(a). Specific information to be released: ☐ Medical Record from ( ) to ( ) ☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.	
☒ Other: **Itemized billing records from 6/5/2018 to present only.**	Include: (Indicate by Initialing) **[ ] Alcohol/Drug Treatment** **[ ] Mental Health Information** **[ ] HIV-Related Information**
Authorization to Discuss Health Information ☐ By initialing here_____ I authorize Initials to discuss my health information with my attorney, or a governmental agency, list here:	
10. Reason for release of information: ☐ At request of individual ☒ Other: **Litigation**	11. Date or event on which this authorization will expire: **End of Litigation**
12. If not the patient, name of person signing form: **Jaime Castillo**	13. Authority to sign on behalf of patient: **Power of Attorney**

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

_____ Date: 9/16/19

Signature of patient or representative authorized by law.

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

Member Authorization Form

Empire BlueCross BlueShield
An Anthem Company

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

This form is to be filled out by a member if there is a request to release the member's health information to another person or company. Please include as much information as you can.

Part A: Member information

Member last name	Member first name	Middle initial	Member date of birth
Leacock	Hadmira	C	07251975

Member street address	City	State	ZIP code
13411 232nd Street	Laurelton	NY	11413

Daytime telephone number (with area code)	Identification number (see identification card)	Group number (see identification card)
646 296 7260	SLJ006936569	

Part B: Person or company who will receive this information

The following people or companies have the right to receive my information. (They must be 18 years of age or older). Please check each box that applies and enter first and last name.

☐ My spouse (enter first and last name)	☐ My parents (if you are over 18 – enter first and last name[s])
☐ My domestic partner (enter first and last name)	☐ My insurance broker or agent (enter the name of the company and first and last name, if you have it)
☐ My adult children (enter first and last name[s])	☒ Other (enter first and last name [if you have it], name of company, and how it's related to you) Ahmuty, Demers & McManus

Part C: Information that can be released

I allow the following information to be used or released by Empire BlueCross BlueShield (Empire) on my behalf (check only one box):

☐ **All my information.** This can include health, a diagnosis (name of illness or condition), claims, doctors and other health care providers and financial information (like billing and banking). This doesn't include sensitive information (see below) unless it is approved below.

OR

☒ **Only limited information** may be released (check all boxes below that apply to you).

- ☐ Appeal
- ☐ Benefits and coverage
- ☒ Billing
- ☐ Claims and payment
- ☐ Diagnosis (name of illness or condition) and procedure (treatment)
- ☐ Doctor and hospital
- ☐ Eligibility and enrollment
- ☐ Financial
- ☐ Medical records
- ☐ Pre-certification and pre-authorization (for treatment approvals)
- ☐ Referral
- ☐ Treatment
- ☐ Dental
- ☐ Vision
- ☐ Pharmacy
- ☐ Other: Itemized Billing from 6/15/18 to present

I also approve the release of the following types of sensitive information by Empire (check all boxes that apply to you):

☐ **All sensitive information**

OR

☐ **Just information about topics checked below**

- ☐ Abortion
- ☐ Abuse (sexual/physical/mental)
- ☐ Alcohol/substance abuse*
- ☐ Genetic testing
- ☐ HIV or AIDS
- ☐ Maternity
- ☐ Mental health
- ☐ Sexually transmitted illness
- ☐ Other: _____

* I understand that my alcohol/substance abuse records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I also understand that I may revoke (or cancel) this approval at any time, or as described in Part E. I understand that I cannot cancel this approval when this form has already been used to disclose information.

Part D: Purpose of this approval

☐ To give out the information as shown on this form.

OR

☒ For this reason(s): Litigation

Part E: Date your approval expires

If this document was not already withdrawn, this approval will end on the earliest of the following dates:

☒ One year from the signature date in Part F.

OR

☐ Earlier than one year and upon the date, event or condition described below:

Part F: Review and approval

I have read the contents of this form. I understand, agree, and allow Empire to the use and release of my information as I have stated above. I also understand that signing this form is of my own free will. I understand that Empire does not require that I sign this form in order for me to receive treatment or payment, or for enrollment or being eligible for benefits.

I have the right to withdraw this approval at any time by giving written notice of my withdrawal to Empire. I understand that my withdrawing this approval will not affect any action taken before I do so. I also understand that information that's released may be given out by the person or group who receives it. If this happens, it may no longer be protected under the HIPAA Privacy Rule. I am entitled to a copy of this form.

Member signature or Designated Legal Representative/Guardian signature	Date
X	091619

Designated Legal Representative/Guardian

If this form is signed by someone other than the member or parent, such as a personal representative, legal representative or guardian on behalf of the member, please submit the following:

- A copy of a health care, general or Durable Power of Attorney.

OR

- A court order or other documentation that shows custody or other legal documentation showing the authority of the legal representative to act on the member's behalf.

Please complete the following:

Legal representative (print full name)	Legal relationship to member			
Subin Associates, LLP	Attorney			
Legal representative street address	**City**	**State**	**ZIP code**	
150 Broadway, 23rd Floor	New York	NY	10038	
Signature			**Date**	
X			091619	

Please return the completed form to:

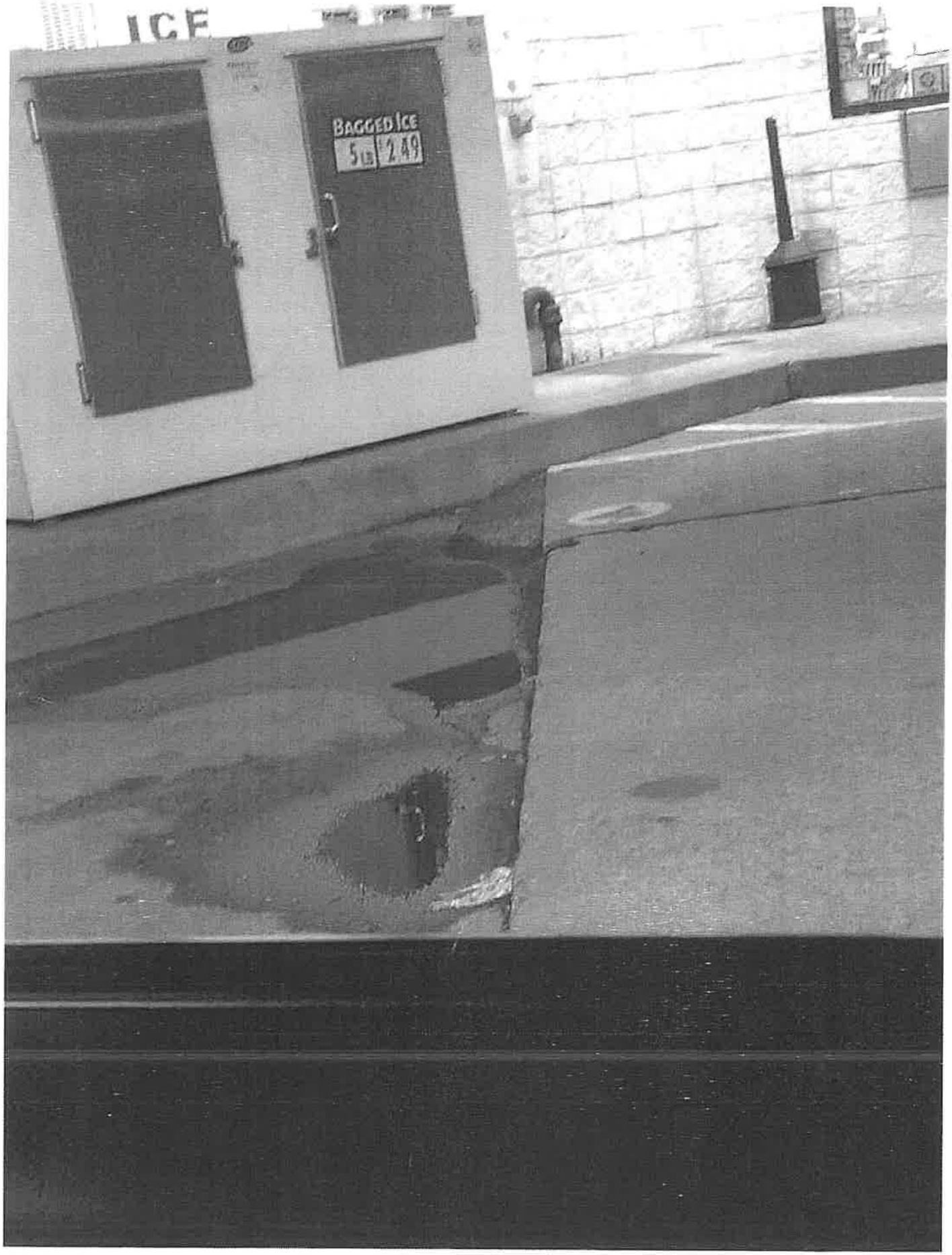
Empire BlueCross BlueShield
P.O. Box 1407 Church Street Station
New York, NY 10008-1407

Be sure to keep a copy of this form for your records.

For recipient of substance abuse information

This information has been disclosed to you from records protected by Federal Confidentiality of Alcohol or Drug Abuse Patient Records rules (42 CFP part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

For internal use only:	Inquiry tracking number


ICE
BAGGED ICE
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NYC HEALTH + HOSPITALS | Coney Island

CONEY ISLAND HOSPITAL CENTER
2601 Ocean Parkway
BROOKLYN NY 11235

Patient:Leacock, Hadmira
MRN: 2249964, DOB: 7/25/1975, Sex: F
Admit: 6/5/2018, Discharge: 6/5/2018

Admission Information

Patient Class	Patient Service	Department, Room/Bed	Attending Provider
Emergency	Adult ED	CONEY ISLAND ADULT ED, B13/B13	
Admitting Provider	**Admission Date/Time**	**Discharge Provider**	**Discharge Date/Time**
	06/05/2018 0245		06/05/2018 0840

Admission Information - Patient Record Only

Arrival Date/Time:	06/05/2018 0245	Admit Date/Time	06/05/2018 0245	IP Adm Date/Time:	
Admission Type	Emergency	Point of Origin	Routine Adm	Means of Arrival	Ems Fdny
Primary Service:	Adult Ed	Secondary Service:	N/A	Transfer Source:	
Unit:	CONEY ISLAND ADULT ED	Admit Provider		Attending Provider:	Aleksandr Shestak, MD
Referring Provider:					

Discharge Information - Patient Record Only

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
06/05/2018 0840	Routine Discharge	None	None	CONEY ISLAND ADULT ED

Events

ED Arrival at 6/5/2018 0245
Unit: CONEY ISLAND ADULT ED

ED Roomed at 6/5/2018 0304
Unit: CONEY ISLAND ADULT ED Room: B13 Bed: B13
Patient class: Emergency Service: Adult ED

Transfer Out at 6/5/2018 0320
Unit: CONEY ISLAND ADULT ED Room: B13 Bed: B13
Patient class: Emergency Service: Adult ED

Transfer In at 6/5/2018 0320
Unit: CONEY ISLAND ADULT ED Room: B13 Bed: B13
Patient class: Emergency Service: Adult ED

Discharge at 6/5/2018 0840
Unit: CONEY ISLAND ADULT ED Room: B13 Bed: B13
Patient class: Emergency Service: Adult ED

Allergies as of 6/5/2018

Reviewed On: 6/5/2018 By: **Yan Zhu, RN**

No Known Allergies

Medical as of 6/5/2018

None

Surgical as of 6/5/2018

None

ED Records

NYC HEALTH + HOSPITALS | Coney Island
CONEY ISLAND HOSPITAL CENTER
2601 Ocean Parkway
BROOKLYN NY 11235

Patient:Leacock, Hadmira
MRN: 2249964, DOB: 7/25/1975, Sex: F
Admit: 6/5/2018, Discharge: 6/5/2018

ED Records (continued)

ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type
-	6/5/2018 02:45	Less Urgent (4)	EMS FDNY	-	Adult ED	Emergency

Arrival Complaint
-

Chief Complaint

Complaint	Comment
s/p fall, left side arm, hip injury [Other]	

ED Diagnosis

Diagnosis	Comment
Fall, initial encounter	

ED Disposition

ED Disposition	Condition	Comment
Discharge		Hadmira Leacock discharge to home/self care. Condition at discharge: Good

ED Notes

ED Notes by Mokhira Khamidova, RN at 06/05/18 0331

Author: Mokhira Khamidova, RN | Service: Emergency Dept | Author Type: Registered Nurse
Filed: 06/05/18 0331 | Creation Time: 06/05/18 0331 | Status: Signed
Editor: Mokhira Khamidova, RN (Registered Nurse)

42 y/o female arrived to ED with c/o neck , left shoulder, left hip and foot pain s/p fall 30 min ago. Patient is AOx3, breathing equal and unlabored Denies LOC. Awaiting to be seen by MD

Electronically Signed by Mokhira Khamidova, RN on 06/05/18 0331

ED Provider Notes by Aleksandr Shestak, MD at 06/05/18 0450

Author: Aleksandr Shestak, MD | Service: Emergency Dept | Author Type: Physician
Filed: 06/05/18 0450 | Creation Time: 06/05/18 0439 | Status: Signed
Editor: Aleksandr Shestak, MD (Physician)

Note Initiated: 06/05/2018 at 4:39 AM

Chief Complaint:
Chief Complaint
Patient presents with:
- s/p fall, left side arm, hip injury

History of Present Illness:
Pt, 42 years old, female, Present to ED due to s/p fall, tripped and fell, with headache, neck Pain, left shoulder pain, left hip and left foot pain, thoracic and lumbar spine pain. Pt denies any chest pain, SOB, abdominal pain, nausea, vomiting, LOC, seizure, fever, chills, dizziness.

History:
History reviewed. No pertinent past medical history.

History reviewed. No pertinent surgical history.

No family history on file.

Social History
Substance Use Topics
- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol use Not on file

Review of Systems:
Review of Systems
Constitutional: Negative.
HENT: Negative.
Eyes: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.

ED Notes (continued)

ED Provider Notes by Aleksandr Shestak, MD at 06/05/18 0450 (continued)

Endocrine: Negative.
Genitourinary: Negative.
Musculoskeletal: Positive for back pain and neck pain.
Left shoulder, left hip and left foot pain
Skin: Negative.
Allergic/Immunologic: Negative.
Neurological: Negative.
Hematological: Negative.
Psychiatric/Behavioral: Negative.

Physical Exam:
Physical Exam
Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.
HENT:
Head: Normocephalic and atraumatic.
Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus.
Neck: Normal range of motion. Neck supple. No JVD present. No tracheal deviation present.
Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.
Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.
Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness. There is no rebound and no guarding.
Musculoskeletal: She exhibits no edema, tenderness or deformity.
Left shoulder: No swelling or tenderness, ROM limited due to pain. Neurovascular intact. Left hip: No swelling or tenderness. ROM limited due to pain. Neurovascular intact. Left Foot : No swelling or tenderness. ROM full. Neurovascular intact. Cervical- Thoracic- Lumbar spine: ROM limited due to pain. No tenderness.
Neurological: She is alert and oriented to person, place, and time. She has normal reflexes. She displays normal reflexes. No cranial nerve deficit. She exhibits normal muscle tone. Coordination normal.
Skin: Skin is warm and dry. No rash noted. She is not diaphoretic. No erythema. No pallor.
Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.
Nursing note and vitals reviewed.

Medications:
Patient's Medications
No medications on file

Allergies:
No Known Allergies
Vital Signs:
BP 124/86 | Pulse 70 | Temp 99.2 °F (37.3 °C) (Oral) | Resp 20 | Ht 1.6 m (5' 3") | Wt 72.6 kg (160 lb) | LMP (LMP Unknown) | SpO2 99% | BMI 28.34 kg/m²
Assessment and Plan:

Pt, 42 years old, female, s/p Fall. CT of head, C spine. Xray: Left shoulder, Th-L spine, Left hip, pelvis, left

ED Notes (continued)

ED Provider Notes by Aleksandr Shestak, MD at 06/05/18 0450 (continued)

foot.
Urine HCG
Tylenol
Arm sling to left
Reevaluation

Aleksandr Shestak, MD
06/05/18 0450

Electronically Signed by Aleksandr Shestak, MD on 06/05/18 0450

ED Progress Note by Aleksandr Shestak, MD at 06/05/18 0707

Author: Aleksandr Shestak, MD | Service: Emergency Dept | Author Type: Physician
Filed: 06/05/18 0707 | Creation Time: 06/05/18 0707 | Status: Signed
Editor: Aleksandr Shestak, MD (Physician)

ED Progress Note:

Pt, 42 years old, female, s/p fall endorsed to incoming ED team to follow up all ordered tests, reevaluation and disposition.

Electronically Signed by Aleksandr Shestak, MD on 06/05/18 0707

Surgery Report

General Information

Date: 6/5/2018 Time: Status: Posted
Location: RIS CI APPOINTMENT LOG LOCATION HHC Room: Service:
Patient class: Case classification:

Case Tracking Events

Event	Time In
In Pre-Procedure	
Pre-Procedure Complete	
In Holding Area	
Out of Holding Area	
In Room	
Procedure Start	
Procedure Finish	
Out of Room	
In Recovery	
Out of Recovery	
In Phase II	
Out of Phase II	
Recovery Care Complete	
Anesthesia Start	
Anesthesia Finish	
Procedural Care Complete	
Phase II Care Complete	

Questionnaire Data

None

Nursing Notes

No notes of this type exist for this encounter.

General Information

Date: 6/5/2018 Time: Status: Posted
Location: RIS CI APPOINTMENT LOG LOCATION HHC Room: Service:
Patient class: Case classification:

Case Tracking Events

Event	Time In
In Pre-Procedure	
Pre-Procedure Complete	
In Holding Area	
Out of Holding Area	
In Room	
Procedure Start	
Procedure Finish	
Out of Room	
In Recovery	

Surgery Report (continued)

Case Tracking Events (continued)

Event	Time In
Out of Recovery	
In Phase II	
Out of Phase II	
Recovery Care Complete	
Anesthesia Start	
Anesthesia Finish	
Procedural Care Complete	
Phase II Care Complete	

Questionnaire Data

None

Nursing Notes

No notes of this type exist for this encounter.

General Information

Date: 6/5/2018	Time:	Status: Posted
Location: RIS CI APPOINTMENT LOG LOCATION HHC	Room:	Service:
Patient class:	Case classification:	

Case Tracking Events

Event	Time In
In Pre-Procedure	
Pre-Procedure Complete	
In Holding Area	
Out of Holding Area	
In Room	
Procedure Start	
Procedure Finish	
Out of Room	
In Recovery	
Out of Recovery	
In Phase II	
Out of Phase II	
Recovery Care Complete	
Anesthesia Start	
Anesthesia Finish	
Procedural Care Complete	
Phase II Care Complete	

Questionnaire Data

None

Nursing Notes

No notes of this type exist for this encounter.

All Orders and Results

All Orders and Results (continued)

POC Pregnancy, Urine [52245179]

Electronically signed by: **Interface, Lab In HIseven on 06/05/18 0330** Status: **Completed**
Ordering user: Interface, Lab In HIseven 06/05/18 0330 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD
Frequency: Once 06/05/18 0330 - 1 Occurrences

POC Pregnancy, Urine [52245180]

Electronically signed by: **Interface, Lab In HIseven on 06/05/18 0330** Status: **Completed**
Ordering user: Interface, Lab In HIseven 06/05/18 0330 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD

Specimen Collection

Type	Source	Collected By
Urine	—	06/05/18 0330

Resulted: 06/05/18 0334, Result status: Final result

POC Pregnancy, Urine [52245180]

Resulting lab: NYC HEALTH + HOSPITALS / CONEY ISLAND
Narrative:
Performed by: KHAMIDOVA, MOKHIRA
Performed Date/Time: 6/5/2018 03:30

Specimen Collection

ID	Type	Source	Collected On
15181560812 6	Urine	—	06/05/18 0330

Components

Component	Value	Reference Range	Flag	Lab
Ur Preg Test POC	Negative	Negative	—	NYC H+H/CI

Comment:
Negative test results in patients suspected to be pregnant should be retested with a sample obtained 48-72 hours later, or by performing a quantitative assay.

POC Pregnancy, Urine [52245181]

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0426** Status: **Discontinued**
Ordering user: Aleksandr Shestak, MD 06/05/18 0426 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD
Frequency: Once 06/05/18 0427 - 1 Occurrences Discontinued by: Automatic Discharge Provider 06/05/18 1122 [Patient Discharged]

Specimen Collection

Type	Source	Collected By
Urine	—	—

POC Pregnancy, Urine [52245182]

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0426** Status: **Discontinued**
Ordering user: Aleksandr Shestak, MD 06/05/18 0426 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD
Discontinued by: Interface, Lab In HIseven 07/05/18 1203 [Lab Operations Cancel]

Specimen Collection

All Orders and Results (continued)

Type	Source	Collected By
Urine	—	Mokhira Khamidova, RN 06/05/18 0426

CT head without contrast [522451183]

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0432** Status: **Completed**
Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD
Frequency: Once 06/05/18 0427 - 1 Occurrences

Questionnaire

Question	Answer
Is the patient pregnant?	Unknown

CT head without contrast [522451192]

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0432** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD

Questionnaire

Question	Answer
Is the patient pregnant?	Unknown

Resulted: 06/05/18 0605, Result status: Final result

CT head without contrast [522451192]

Resulted by: Darissa Kon, MD Performed: 06/05/18 0540 - 06/05/18 0554
Accession number: CICT1018759 Resulting lab: EMC RAD
Narrative:
TECHNIQUE:
Contiguous noncontrast axial images were obtained through the head. Brain and bone windows were performed.

FINDINGS:
No prior studies available for comparison. Ventricles and sulci are normal in size and position without mass effect or shift. There are no abnormal high or low density lesions in the cerebral hemispheres or posterior fossa.
No acute fracture is seen.
Visualized sinuses are clear.

Impression:
No acute intracranial abnormality.

NEXXRAD REQUISITION 968411

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 03:05:31.113 PST

All Orders and Results (continued)

CT cervical spine without contrast [522451184]

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0432** Status: **Completed**
Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD
Frequency: Once 06/05/18 0428 - 1 Occurrences

Questionnaire

Question	Answer
Is the patient pregnant?	Unknown

CT cervical spine without contrast [522451183]

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0432** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD

Questionnaire

Question	Answer
Is the patient pregnant?	Unknown

Resulted: 06/05/18 0610, Result status: Final result

CT cervical spine without contrast [522451183]

Resulted by: Darissa Kon, MD Performed: 06/05/18 0553 - 06/05/18 0556
Accession number: CICT1018760 Resulting lab: EMC RAD
Narrative:
TECHNIQUE:
1.5 mm noncontrast axial images were obtained through the cervical spine. Sagittal and coronal reformatted images were performed.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment.the airway is patent. A normal epiglottis is seen. Visualized lung apices are clear. There is no significant stenosis or neuroforaminal
narrowing. Visualized lung apices are clear. There are subcentimeter cervical lymph nodes, a nonspecific finding.

Impression:
No acute abnormality.

NEXXRAD REQUISITION 968413

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 03:10:48.457 PST

DX chest PA and lateral [522451185]

All Orders and Results (continued)

DX chest PA and lateral [522465185] (continued)

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0432** Status: **Completed**
Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD
Frequency: Once 06/05/18 0428 - 1 Occurrences

Questionnaire

Question	Answer
Reason for Exam:	Minor injury
Is the patient pregnant?	Unknown

DX chest PA and lateral [522465194]

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0432** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD

Questionnaire

Question	Answer
Reason for Exam:	Minor injury
Is the patient pregnant?	Unknown

Resulted: 06/05/18 0726, Result status: Final result

DX chest PA and lateral [522465194]

Resulted by: Darissa Kon, MD Performed: 06/05/18 0635 - 06/05/18 0700
Accession number: CIDX1018768 Resulting lab: EMC RAD
Narrative:
TECHNIQUE:
PA and lateral chest.

FINDINGS:
No prior studies available for comparison. Heart size and pulmonary vasculature are normal. There is no focal infiltrate, pleural effusion, or pneumothorax. There is no free air. No acute fracture seen.

Impression:
No acute abnormality.

NEXXRAD REQUISITION 968461

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:26:51.31 PST

DX thoracic spine AP and lateral [522465186]

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0432** Status: **Completed**
Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD

All Orders and Results (continued)

DX thoracic spine AP and lateral [522451 96] (continued)

Frequency: Once 06/05/18 0430 - 1 Occurrences

Questionnaire

Question	Answer
Reason for Exam	Back pain Minor injury
Is the patient pregnant?	Unknown
Would you like this exam to be performed portably?	No

DX thoracic spine AP and lateral [522451 95]

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0432** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider: Aleksandr Shestak, MD

Authorized by: Aleksandr Shestak, MD

Questionnaire

Question	Answer
Reason for Exam	Back pain Minor injury
Is the patient pregnant?	Unknown
Would you like this exam to be performed portably?	No

Resulted: 06/05/18 0727, Result status: Final result

DX thoracic spine AP and lateral [522451 95]

Resulted by: Darissa Kon, MD Performed: 06/05/18 0635 - 06/05/18 0700

Accession number: CIDX1018770 Resulting lab: EMC RAD

Narrative:

TECHNIQUE:
AP and lateral T-spine.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. Recommend CT or MRI for further evaluation if clinically indicated.

Impression:
no acute abnormality.

NEXXRAD REQUISITION 968462

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:27:12.5 PST

DX lumbar spine AP and lateral [522451 97]

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0432** Status: **Completed**

Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider: Aleksandr Shestak, MD

All Orders and Results (continued)

DX lumbar spine AP and lateral [522451187] (continued)

Authorized by: Aleksandr Shestak, MD
Frequency: Once 06/05/18 0430 - 1 Occurrences

Questionnaire

Question	Answer
Reason for Exam	Back pain Minor injury
Is the patient pregnant?	Unknown
Would you like this exam to be performed portably?	No

DX lumbar spine AP and lateral [522451196]

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0432** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD

Questionnaire

Question	Answer
Reason for Exam	Back pain Minor injury
Is the patient pregnant?	Unknown
Would you like this exam to be performed portably?	No

Resulted: 06/05/18 0728, Result status: Final result

DX lumbar spine AP and lateral [522451196]

Resulted by: Darissa Kon, MD
Performed: 06/05/18 0635 - 06/05/18 0700
Accession number: CIDX1018771
Resulting lab: EMC RAD
Narrative:
TECHNIQUE:
AP and lateral L-spine.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There stool in the colon suspicious for constipation. There are no abnormal calcifications. Recommend CT or MRI for further evaluation if
clinically indicated.

Impression:
Stool in the colon rule out constipation. No acute fracture.

NEXXRAD REQUISITION 968463

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:28:12.857 PST

All Orders and Results (continued)

DX hip left AP and lateral [52245193]

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0432** Status: **Completed**
Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD
Frequency: Once 06/05/18 0431 - 1 Occurrences

Questionnaire

Question	Answer
Reason for Exam	Minor injury Point tenderness
Is the patient pregnant?	Unknown
Would you like this exam to be performed portably?	No

DX hip left AP and lateral [52245197]

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0432** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD

Questionnaire

Question	Answer
Reason for Exam	Minor injury Point tenderness
Is the patient pregnant?	Unknown
Would you like this exam to be performed portably?	No

Resulted: 06/05/18 0728, Result status: Final result

DX hip left AP and lateral [52245197]

Resulted by: Darissa Kon, MD Performed: 06/05/18 0635 - 06/05/18 0700
Accession number: CIDX1018772 Resulting lab: EMC RAD
Narrative:
TECHNIQUE:
AP and frog-leg left hip.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies. There are calcified left pelvic phleboliths.

Impression:
No acute abnormality.

NEXXRAD REQUISITION 968464

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:28:56.187 PST

All Orders and Results (continued)

DX pelvis AP [52245189]
Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0432** Status: **Completed**
Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD
Frequency: Once 06/05/18 0432 - 1 Occurrences

Questionnaire

Question	Answer
Reason for Exam:	s/p fall. pain
Is the patient pregnant?	Unknown
Would you like this exam to be performed portably?	No

DX pelvis AP [52245198]
Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0432** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD

Questionnaire

Question	Answer
Reason for Exam:	s/p fall. pain
Is the patient pregnant?	Unknown
Would you like this exam to be performed portably?	No

Resulted: 06/05/18 0729, Result status: Final result

DX pelvis AP [52245198]
Resulted by: Darissa Kon, MD Performed: 06/05/18 0635 - 06/05/18 0700
Accession number: CIDX1018773 Resulting lab: EMC RAD
Narrative:
TECHNIQUE:
AP pelvis.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies. There calcified pelvic fluid.

Impression:
No acute abnormality.

NEXXRAD REQUISITION 968465

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:29:27.793 PST

DX shoulder complete left [52245190]
Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0432** Status: **Completed**

All Orders and Results (continued)

DX shoulder complete left [52245190] (continued)

Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD
Frequency: Once 06/05/18 0433 - 1 Occurrences

Questionnaire

Question	Answer
Reason for Exam	Point tenderness Minor injury
Is the patient pregnant?	Unknown
Would you like this exam to be performed portably?	No

DX shoulder complete left [52245199]

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0432** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD

Questionnaire

Question	Answer
Reason for Exam	Point tenderness Minor injury
Is the patient pregnant?	Unknown
Would you like this exam to be performed portably?	No

Resulted: 06/05/18 0733, Result status: Final result

DX shoulder complete left [52245199]

Resulted by: Darissa Kon, MD Performed: 06/05/18 0635 - 06/05/18 0700
Accession number: CIDX1018769 Resulting lab: EMC RAD
Narrative:
TECHNIQUE:
AP and Y. views left shoulder.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies or abnormal calcifications.

Impression:
No acute abnormality.

NEXXRAD REQUISITION 968466

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:33:07.043 PST

DX foot left AP lateral and oblique [52245200]

All Orders and Results (continued)

DX foot left AP lateral and oblique [522452001] (continued)

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0441** Status: **Completed**
Ordering user: Aleksandr Shestak, MD 06/05/18 0441 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD
Frequency: Once 06/05/18 0441 - 1 Occurrences

Questionnaire

Question	Answer
Reason for Exam	Minor injury
Is the patient pregnant?	Unknown
Would you like this exam to be performed portably?	No

DX foot left AP lateral and oblique [522452001]

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0441** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Aleksandr Shestak, MD 06/05/18 0441 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD

Questionnaire

Question	Answer
Reason for Exam	Minor injury
Is the patient pregnant?	Unknown
Would you like this exam to be performed portably?	No

Resulted: 06/05/18 0733, Result status: Final result

DX foot left AP lateral and oblique [522452001]

Resulted by: Darissa Kon, MD Performed: 06/05/18 0635 - 06/05/18 0700
Accession number: CIDX1018774 Resulting lab: EMC RAD
Narrative:
TECHNIQUE:
AP, oblique, and lateral left foot.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies or abnormal calcifications.

Impression:
No acute abnormality.

NEXXRAD REQUISITION 968467

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:33:57.747 PST

Position Patient [522452002]

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0458** Status: **Completed**

All Orders and Results (continued)

Position Patient [52245202] (continued)

Ordering user: Aleksandr Shestak, MD 06/05/18 0458 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD
Frequency Once 06/05/18 0459 - 1 Occurrences

Position Patient [52245203]

Electronically signed by: **Aleksandr Shestak, MD on 06/05/18 0458** Status: **Completed**
Ordering user: Aleksandr Shestak, MD 06/05/18 0458 Ordering provider: Aleksandr Shestak, MD
Authorized by: Aleksandr Shestak, MD

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - EMCRad	EMC RAD	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	01/24/07 2252 - Present
44 - NYC H+H/CI	NYC HEALTH + HOSPITALS / CONEY ISLAND	Dr. Gregory Massimi	2601 Ocean Pkwy BROOKLYN NY 11235	10/06/16 2037 - Present

Medications

All Meds and Administrations

acetaminophen (for:TYLENOL) tablet 650 mg [522451911]

Ordering Provider: Aleksandr Shestak, MD
Ordered On: 06/05/18 0432
Dose (Remaining/Total): 650 mg (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 06/05/18 0445 - 06/05/18 0437
Route: Oral
Rate/Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 06/05/18 0437 Documented: 06/05/18 0437	Given	650 mg	Oral	Performed by: Mokhira Khamidova, RN

ketorolac (for:TORADOL) injection 30 mg [522452041]

Ordering Provider: Chava Rubin, PA
Ordered On: 06/05/18 0740
Dose (Remaining/Total): 30 mg (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 06/05/18 0745 - 06/05/18 0756
Route: Intramuscular
Rate/Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 06/05/18 0756 Documented: 06/05/18 0756	Given	30 mg	Intramuscular Left Deltoid	Performed by: Stacy Anne Brady, RN

Patient Education

Education

No education to display

Discharge Instructions

Leacock, Hadmira (MR # 2249964)

Date	Status	User	User Type	Discharge Note
	Pended	Chava Rubin, PA	Physician Assistant	Original

Note:

Apply warm pack. Take medication as prescribed if needed for pain. Follow up with your primary care doctor. Return to ER if worsening or new and alarming symptoms.

Hadmira Leacock

Hadmira Leacock does not have an active treatment plan of type ONCOLOGY TREATMENT in this episode.

Scan on 6/7/2018 (below)

Acknowledgement of Discharge Instructions

- I understand the treatment received during this visit was provided on an **emergency basis only** and is not meant to be a replacement for ongoing medical care. I also understand the information provided in these discharge instructions, **including follow up information**, should be followed in order to ensure proper ongoing treatment of my complaint/diagosis
- A member of the Emergency Department staff has reviewed the discharge instructions provided to me and has answered any questions I may have had regarding these instructions.

Patient/Representative Signature

Relationship to Patient

Date *Time*

Witness

6/5/18

Date *Time*

Hadmira Leacock
CSN: 15018793
DOB: 7/25/1975 (42 yrs) female
MRN: 2249964
Adm Date: 6/5/2018

NYC HEALTH+ HOSPITALS | Coney Island
CONEY ISLAND HOSPITAL CENTER
2601 Ocean Parkway
BROOKLYN NY 11235

Patient:Leacock, Hadmira
MRN: 2249964, DOB: 7/25/1975, Sex: F
Admit: 6/5/2018, Discharge: 6/5/2018

Scan on 6/7/2018 (below)

Facility: Coney Island Hospital

GENERAL CONSENT FOR TREATMENT

Chart No. LEACOCK,HADMIRA
CSN: 150018793
Name DOB: 7/25/1975 (42 yrs) F
MRN: 2249964
Unit Adm Date: 6/5/2018

(Patient Imprint Card)

FORM A

For patients seeking in-patient, out-patient and/or emergency room services.

1. I am asking for medical care and treatment at this facility and agree to accept services which may diagnose a medical condition, procedures to treat my condition and routine dental and medical care, including vaccination. I understand that these services will be provided to me by physicians, dentists, nurse practitioners, residents, physician assistants and other health care providers, some of whom may be in training. I have not been given any guarantees as to the results of the services I will receive.
2. I understand that my agreement to accept these services will remain in effect unless I say that I no longer want these services or until my treatment is completed.
3. I understand that my agreement to accept these services is called a **General Consent** and that it includes any routine procedure(s) or treatment(s) such as blood drawing, physical examination, administration of medications(s), taking X-rays, use of local anesthesia and other non-invasive procedures.

Signature of Patient or Parent/Legal Guardian of Minor Patient — Date: 6-5-18 and Time: 3:19 pm

If the patient cannot consent for himself/herself, the signature of either the health care agent or legal guardian who is acting on behalf of the patient, or the patient's surrogate who is consenting to the treatment for the patient, must be obtained.

Signature of Health Care Agent/Legal Guardian (Place a copy of the authorizing document in the medical record) — Date: ____ and Time: ____ am pm

Signature and Relation of Surrogate — Date: ____ and Time: ____ am pm

WITNESS:

I, Anna Feeney, am a staff member who is not the patient's physician or authorized health care provider and I have witnessed the patient or other appropriate person voluntarily sign this form.

Signature and Title of Witness — Date: 6-5-18 and Time: 3:19 am pm

INTERPRETER/TRANSLATOR (To be signed by the interpreter/translator if the patient required such assistance)

To the best of my knowledge the patient understood what was interpreted/translated and voluntarily signed this form.

Signature of Interpreter/Translator — Date: ____ and Time: ____ am pm

HHC 16CA (1 Dec 2010) English

ASSIGNMENT AND RELEASE OF INFORMATION

AUTHORIZATION FOR RELEASE OF INFORMATION BY CONEY ISLAND HOSPITAL & PHYSICIAN AFFILIATE GROUP OF NEW YORK (PAGNY)

I hereby authorize and direct the above named organizations, having treated me, to release to governmental agencies, insurance carriers, or others who are financially liable for my hospitalization and medical care, all information needed to substantiate payment for such hospitalization and medical care and to permit representatives thereof to examine and make copies of all records relating to such care and treatment.

Date: 6-5-18 Time: 3:19 PM — Signature of Insured or Authorized Representative

ASSIGNMENT TO CONEY ISLAND HOSPITAL & PHYSICIAN AFFILIATE GROUP OF NEW YORK (PAGNY)

I hereby assign, transfer and set over to the above named organizations sufficient monies and/or benefits to which I may be entitled from governmental agencies, insurance carriers, or others who are financially liable for my hospitalization and medical care to cover the costs of the care and treatments rendered to myself or my dependent in said hospital.

Date: 6-5-18 Time: 3:19 PM — Signature of Insured or Authorized Representative

FOR PATIENTS ENTITLED TO MEDICARE BENEFITS

Health Insurance Claim Number: ____

I certify that the information given by me in applying for payment under title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the social Security Administration and Health Care Financing Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physicians or organization furnishing the services or authorize such physician or organization to submit a claim to Medicare for payment to me.

Date: ____ Time: ____ AM PM — Signature of Insured or Authorized Representative

Document on 6/5/2018 0743 by Chava Rubin, PA : Visit Summary - Emergency Department (below)

AFTER VISIT SUMMARY

Hadmira Leacock [redacted]

NYC HEALTH+ HOSPITALS | Coney Island

[redacted]

Instructions

Apply warm pack. Take medication as prescribed if needed for pain. Follow up with your primary care doctor. Return to ER if worsening or new and alarming symptoms.

Your medications have changed

START taking
ibuprofen [redacted]
methocarbamol [redacted]

Review your updated medication list below.

Pick up these medications at: CVS/pharmacy #0547
[redacted] - 4012 Avenue U
ibuprofen + methocarbamol
Address: 4012 Avenue U, BROOKLYN NY 11234
Phone: 718-[redacted]

What's Next

You currently have no upcoming appointments scheduled.

General Emergency Department Discharge Instructions

We appreciate that you chose us as your healthcare provider.

This form provides you with information about the care you received in our Emergency Department and instructions about caring for yourself after you leave the Emergency Department. If you have further questions concerning this visit please call us at the included phone number above on this form. Please keep this form and bring it with you should you need additional treatment. If your symptoms become worse or you are not improving as expected and you are unable to reach your usual health care provider, or get to your follow-up appointment, you should return to the Emergency Department immediately. We are available 24 hours a day.

It is important that you keep appointments that may have been scheduled. If you are unable to make an appointment, please call the corresponding clinic to reschedule your appointment.

[redacted]

Today's Visit

You were seen by Aleksandr Shestak, MD

Reason for Visit
s/p fall, left side arm, hip injury

Diagnosis
Fall, initial encounter

Lab Tests Completed
POC Pregnancy, Urine

Lab Tests in Progress
POC Pregnancy, Urine

Imaging Tests
CT cervical spine without contrast
CT head without contrast
DX chest PA and lateral
DX foot left AP lateral and oblique
DX hip left AP and lateral
DX lumbar spine AP and lateral
DX pelvis AP
DX shoulder complete left
DX thoracic spine AP and lateral

Done Today
Position Patient

Medications Given
acetaminophen (for TYLENOL) tablet [redacted]

Home Medication Information

The list of your home medications is based on the information provided by you (or your representative) during your Emergency Department visit, and/or the information contained in your medical record. In addition, some of your home medications **may have been changed** by the Emergency Department provider who evaluated you. These changes may include:

- New medications
- Changes to the amount or how often you take a medication
- Discontinuation of a medication

Please review the information below carefully. **Continue all your current medications as you are presently taking, with the exception of the following changes below. If you have questions about any of the medications or the changes, please contact your Primary Care Physician, the Provider who prescribed the medication, or your Pharmacist.**

NYC HEALTH + HOSPITALS | MYCHART

With MyChart, you can_ Message your doctor,_ Request refills_ See test results.. See your visit summaries and upcoming appointments and much much more .

To sign up go to **http://mychart.nychealthandhospitals.org,** click **"Sign Up Now"**, and enter personal activation code: **G5482-67MHU**
Expires: 12/2/2018 7:43 AM.

Additional Information:
If you have questions, you can e-mail mychart@nychhc.org. to contact our MyChart staff. Remember, for emergencies, always call 911 - do not use MyChart.

NYC HEALTH + HOSPITALS | Coney Island
CONEY ISLAND HOSPITAL CENTER
2601 Ocean Parkway
BROOKLYN NY 11235

Patient:Leacock, Hadmira
MRN: 2249964, DOB: 7/25/1975, Sex: F
Admit: 6/5/2018, Discharge: 6/5/2018

Changes to Your Medication List

START taking these medications

ibuprofen 400 MG tablet START	Take 1 tablet (400 mg total) by mouth every 6 (six) hours as needed for pain (or fever). Take with food
methocarbamol 500 MG tablet START	Take 2 tablets (1,000 mg total) by mouth 3 (three) times a day for 4 days.

Your Treatment Plan

The treatment you have received during your visit was provided on an **emergency basis only** and is not meant to be a replacement for ongoing medical care. The information provided in these discharge instructions, **including follow up information**, should be followed in order to ensure proper treatment of your condition.

Leacock, Hadmira #2249964 (Acct:1000021368967) (42 y.o. F) PCP: B13
None

Lab Results

Mark All as Reviewed

Result as	Comparison	Value	Ref Range	Lab	Date/Time
POC Pregnancy, Urine (1024613808)				NYC H+H/ CI	Mark as Reviewed:
Specimen: Urine					Collected: 06/05/18 0330
					Updated: 06/05/18 0334
	Ur Preg Test POC	Negative	Negative	NYC H+H/ CI	

Narrative:
Performed by: KHAMIDOVA, MOKHIRA
Performed Date/Time: 6/5/2018 03:30

Mark All as Reviewed

Imaging Results

CX Chest PA and lateral (final result)
Result time 06/05/18 04:26:51
Final result by Darissa Kon, MD (06/05/18 07:26:51)

Impression:
No acute abnormality.

NEXXRAD REQUISITION 968461

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:26:51.31 PST

Narrative:
TECHNIQUE.
PA and lateral chest

FINDINGS:
No prior studies available for comparison. Heart size and pulmonary vasculature are normal. There is no focal infiltrate, pleural effusion, or pneumothorax. There is no free air. No acute fracture seen.

CX Portable Chest AP (final result)
Result time 06/05/18 07:27:12
Final result by Darissa Kon, MD (06/05/18 07:27:12)

Impression:
no acute abnormality.

NEXXRAD REQUISITION 968462

Report Dictated by Radiologist:

Imaging Results (continued)

DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:27:12.5 PST
Narrative:
TECHNIQUE:
AP and lateral T-spine.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment
Recommend CT or MRI for further evaluation if clinically indicated.

[illegible] Result time [illegible]
Final result by Darissa Kon, MD (06/05/18 07:28:12)
Impression:
Stool in the colon rule out constipation. No acute fracture.

NEXXRAD REQUISITION 968463

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:28:12.857 PST
Narrative:
TECHNIQUE:
AP and lateral L- spine.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There stool in the colon suspicious for constipation. There are no abnormal calcifications. Recommend CT or MRI for further evaluation if
clinically indicated.

[illegible] Result time 06/05/18 07:28:56
Final result by Darissa Kon, MD (06/05/18 07:28:56)
Impression:
No acute abnormality.

NEXXRAD REQUISITION 968464

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:28:56.187 PST
Narrative:

[illegible] Page [illegible]

Imaging Result (continued)

TECHNIQUE:
AP and frog-leg left hip.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies. There are calcified left pelvic phleboliths.

CR pelvis AP (1 view) (Final)
Result time 06/05/18 07:29:27
Final result by Darissa Kon, MD (06/05/18 07:29:27)
Impression:
No acute abnormality.

NEXXRAD REQUISITION 968465

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:29:27.793 PST
Narrative:
TECHNIQUE:
AP pelvis.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies. There calcified pelvic fluid.

CR shoulder complete left (2 views) (Final)
Result time 06/05/18 07:33:07
Final result by Darissa Kon, MD (06/05/18 07:33:07)
Impression:
No acute abnormality.

NEXXRAD REQUISITION 968466

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:33:07.043 PST
Narrative:
TECHNIQUE:
AP and Y. views left shoulder.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies or abnormal calcifications.

Electronically signed by Darissa Kon, MD 06/05/18 7:41 AM
Page 5 of 5 Epic

Imaging Results (continued)

CT foot w/o IV contrast and ankle - final results
Final result by Darissa Kon, MD (06/05/18 07:33:57)

Impression:
No acute abnormality.

NEXXRAD REQUISITION 968467

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:33:57.747 PST

Narrative:
TECHNIQUE:
AP, oblique, and lateral left foot.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies or abnormal calcifications.

CT cervical spine without contrast - final result
Final result by Darissa Kon, MD (06/05/18 06:10:48)

Impression:
No acute abnormality.

NEXXRAD REQUISITION 968413

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 03:10:48.457 PST

Narrative:
TECHNIQUE:
1.5 mm noncontrast axial images were obtained through the cervical spine. Sagittal and coronal reformatted images were performed.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment.The airway is patent. A normal epiglottis is seen. Visualized lung apices are clear. There is no significant stenosis or neuroforaminal
narrowing. Visualized lung apices are clear. There are subcentimeter cervical lymph nodes, a nonspecific finding.

X-ray hand, left - final result
Final result by Darissa Kon, MD (06/05/18 06:05:31)

Impression:

Imaging Results (continued)

No acute intracranial abnormality.

NEXXRAD REQUISITION 968411

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 03:05:31.113 PST

Narrative:
TECHNIQUE:
Contiguous noncontrast axial images were obtained through the head. Brain and bone windows were performed.

FINDINGS:
No prior studies available for comparison. Ventricles and sulci are normal in size and position without mass effect or shift. There are no abnormal high or low density lesions in the cerebral hemispheres or posterior fossa. No acute fracture is seen.
Visualized sinuses are clear.

Acknowledgement of Discharge Instructions

- I understand the treatment received during this visit was provided on an **emergency basis only** and is not meant to be a replacement for ongoing medical care. I also understand the information provided in these discharge instructions, **including follow up information**, should be followed in order to ensure proper ongoing treatment of my complaint/diagosis.
- A member of the Emergency Department staff has reviewed the discharge instructions provided to me and has answered any questions I may have had regarding these instructions.

Patient/Representative Signature

Relationship to Patient

Date *Time*

Witness

Date *Time*

Hadmira Leacock
CSN: 15018793
DOB: 7/25/1975 (42 yrs) female
MRN: 2249964
Adm Date: 6/5/2018

NYC HEALTH+ HOSPITALS | Coney Island
CONEY ISLAND HOSPITAL CENTER
2601 Ocean Parkway
BROOKLYN NY 11235

Patient:Leacock, Hadmira
MRN: 2249964, DOB: 7/25/1975, Sex: F
Admit: 6/5/2018, Discharge: 6/5/2018

Scan on 6/5/2018 0321 by Anna Frenkel (below)

Facility: Coney Island Hospital

Chart No. LEACOCK,HADMIRA
CSN: 150118793
Name DOB: 7/25/1975 (42 yrs) F
MRN: 2249964
Unit Adm Date: 6/5/2018

(Patient Imprint Card)

GENERAL CONSENT FOR TREATMENT

FORM A

For patients seeking in-patient, out-patient and/or emergency room services.

1. I am asking for medical care and treatment at this facility and agree to accept services which may diagnose a medical condition, procedures to treat my condition and routine dental and medical care, including vaccination. I understand that these services will be provided to me by physicians, dentists, nurse practitioners, midwives, physician assistants and other health care providers, some of whom may be in training. I have not been given any guarantees as to the results of the services I will receive.
2. I understand that my agreement to accept these services will remain in effect unless I say that I no longer want these services or until my treatment is completed.
3. I understand that my agreement to accept these services is called a General Consent and that it includes any routine procedure(s) or treatment(s) such as blood drawing, physical examination, administration of medication(s), taking X-rays, use of local anesthesia and other non-invasive procedures.

Signature of Patient or Parent/Legal Guardian of Minor Patient — Date: 6-5-18 — Time: and 3:19 am pm

If the patient cannot consent for himlherself, the signature of either the health care agent or legal guardian who is acting on behalf of the patient, or the patient's surrogate who is consenting to the treatment for the patient, must be obtained.

Signature of Health Care Agent/Legal Guardian (Place a copy of the authorizing document in the medical record) — Date — and Time — am pm

Signature and Relation of Surrogate — Date — and Time — am pm

WITNESS:

I, Anna Frenkel, am a staff member who is not the patient's physician or authorized health care provider and I have witnessed the patient or other legally responsible person voluntarily sign this form.

Signature and Title of Witness — Date: 6-5-18 — Time: and 3:19 am pm

INTERPRETER/TRANSLATOR: (To be signed by the interpreter/translator if the patient required such assistance)

To the best of my knowledge the patient understood what was interpreted/translated and voluntarily signed this form.

Signature of Interpreter/Translator — Date — and Time — am pm

HHC 100A (R Sep 2010) English

ASSIGNMENT AND RELEASE OF INFORMATION

AUTHORIZATION FOR RELEASE OF INFORMATION BY CONEY ISLAND HOSPITAL & PHYSICIAN AFFILIATE GROUP OF NEW YORK (PAGNY)

I hereby authorize and direct the above named organizations, having treated me, to release to governmental agencies, insurance carriers, or others who are financially liable for my hospitalization and medical care, all information needed to substantiate payment for such hospitalization and medical care and to permit representatives thereof to examine and/or copies of all records relating to such care and treatment.

Date: 6-5-18 Time: 3:19 AM PM

Signature of Patient or Authorized Representative

ASSIGNMENT TO CONEY ISLAND HOSPITAL & PHYSICIAN AFFILIATE GROUP OF NEW YORK (PAGNY)

I hereby assign, transfer and set over to the above named organizations sufficient monies and/or benefits to which I may be entitled from governmental agencies, insurance carriers, or others who are financially liable for my hospitalization and medical care to cover the costs of the care and treatments rendered to myself or my dependent in said hospital.

Date: 6-5-18 Time: 3:19 AM PM

Signature of Patient or Authorized Representative

FOR PATIENTS ENTITLED TO MEDICARE BENEFITS

Health Insurance Claim Number:

I certify that the information given by me in applying for payment under title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physician or organization furnishing the services or authorize such physician or organization to submit a claim to Medicare for payment to me.

Date: Time: AM PM

Signature of Patient or Authorized Representative

NYC HEALTH + HOSPITALS | Coney Island
CONEY ISLAND HOSPITAL CENTER
2601 Ocean Parkway
BROOKLYN NY 11235

Patient:Leacock, Hadmira
MRN: 2249964, DOB: 7/25/1975, Sex: F
Admit: 6/5/2018, Discharge: 6/5/2018

Effective date: September 23, 2013

Acknowledgement

By signing and dating the form below, I acknowledge that I have received a copy of the New York City Health and Hospitals Corporation's Privacy Notice.

LEACOCK, HADMIRA
Patient's Name

LEACOCK,HADMIRA
CSN: 150187?3
DOB: 7/25/1975 (42 yrs) F
MRN: 2249964
Adm Date: 6/5/2018

Patient's Signature

6-5-18
Date

If executed by a patient's personal representative, please print your name in the space below:

Personal Representative's Name

Personal Representative's Signature

FOR USE BY NYCHHC STAFF ONLY:

☐ Patient refused to sign

☐ Patient unable to sign

NYCHHC Employee's Initials

Today's Date

HHC Privacy Notice – Form 2376 (English)

PURPOSE AND DESCRIPTION AUTHORIZATION (CONT. - HEALTHCARE OPERATIONAL PURPOSES FROM THE BOTTOM OF THE FRONT PAGE OF THIS FORM)

health information exchanges (see information on health information exchanges directly below) that perform record management functions, to the extent that HHC deems such disclosure necessary to carry out its healthcare operations.

WHAT ARE HEALTH INFORMATION EXCHANGES?

HHC may release my health information to health information exchanges ("HIEs") as part of its operations. *HIEs are* outside contractors that provide HHC with services that assist HHC with its medical records management and other operations. These services allow HHC to exchange my health information electronically with other HPs who are presently treating me or who treat me in the future. It is possible that HIEs providing services to HHC may connect electronically with other HIEs to assist in the electronic exchange of my health information between HHC and other HPs. Once my health information is disclosed to an HIE, it will not be released to other HPs unless I have provided written consent for such disclosure. However, if a medical emergency exists, HHC may release my health information to and through HIEs to other HPs as it deems necessary to respond to the medical emergency without my written consent. I understand that I may ask my treating provider or patient representative at HHC for more information about HIEs.

REVOCATION AND TERM OF AUTHORIZATION

I may revoke this authorization in writing at anytime except to the extent that HHC has relied on it. Unless previously revoked in writing, this authorization shall expire 3 years from the date of my last treatment at HHC.

DISCLOSURE OF HIV INFORMATION

If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (718) 741-8400 or the New York City Commission on Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE

By signing directly below, I, or my personal representative, authorize HHC and other HPs to use, receive, and disclose my health information as described in this form. I sign this authorization willingly and understand the nature of the authorization I am providing. I understand that nothing in this form restricts HHC from releasing my health information where it is otherwise authorized by State or federal law to do so. I am aware that my consent does not obligate HHC to make any disclosure described in this form. *I understand that I may shorten the expiration date on this form and restrict the disclosure of my health information for purposes of payment, or to HIEs and family members,* by indicating below (please check all that apply):

[ ] **I DO NOT AUTHORIZE** the release of my health information for PAYMENT PURPOSES. I understand that by selecting this option, I will be responsible for all costs and payments for any healthcare treatment and services rendered to me.

[ ] **I DO NOT AUTHORIZE** the release of my health information to HIEs. I understand that by selecting this option that HPs who treat me in the future may not be able to access my health records and history from HHC electronically. This includes situations where I am unable to communicate my health history to my HP because I can't remember or as a result of a medical emergency.

[ ] **I DO NOT AUTHORIZE** the release of my health information to my FAMILY MEMBERS or OTHER INDIVIDUALS identified by me involved in my care without my additional written consent unless such individuals are authorized by law to make healthcare decisions on my behalf.

[ ] **I DO NOT AUTHORIZE** the term of this authorization to stay in effect for 3 YEARS FROM THE DATE OF MY LAST TREATMENT AT HHC. Instead, I am requesting that this authorization expire on ____/____/____ (Provide Date).

I UNDERSTAND THAT I MAY DISCUSS ANY OTHER DISCLOSURE RESTRICTION NOT LISTED ABOVE WITH MY HHC TREATING PROVIDER OR PATIENT REPRESENTATIVE.

Signature of Patient or Personal Representative	If not Patient, Name of Personal Representative Signing Form
Date 6/5/2018	Description of Personal Representative's Authority to Act on Behalf of Patient

Internal Use Only

Originating HHC Facility: Additional Restrictions:

HHC 2849 (R Aug. 15)

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

AUTHORIZATION TO USE, RECEIVE, AND DISCLOSE HEALTH INFORMATION FOR TREATMENT, PAYMENT & HEALTHCARE OPERATIONS

Patient

DOB: LEACOCK,HADMIRA
CSN: 150137723
DOB: 7/25/1975 (42 yrs) F
MRN: 2249964
Adm Date: 6/5/2018
Medical Record Number:

AS DESCRIBED IN THIS FORM, I HEREBY AUTHORIZE THE NYC HEALTH AND HOSPITALS CORPORATION ("HHC" OR "HHC-OPERATED FACILITIES") TO USE, RECEIVE, AND DISCLOSE MY HEALTH INFORMATION AS HHC DEEMS NECESSARY FOR PURPOSES OF TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS.

WHAT IS CONSIDERED HEALTH INFORMATION?

Health information includes all of my medical, personal, social, and financial information related to or concerning the examination, assessment or treatment of me for a health condition. Health information may include laboratory results, medications, diagnostic test results, discharge summaries, progress notes, billing records, information obtained by HHC from other healthcare providers, injuries sustained if I was a victim of a crime, as well as sensitive health information such as information pertaining to the treatment for mental illnesses, developmental disabilities, HIV/AIDS, drug and alcohol abuse, reproductive health, sexually transmitted diseases and other communicable diseases, and genetic testing (including predisposition genetic tests).

WHAT TYPES OF HEALTHCARE PROVIDERS CAN RELEASE, USE AND RECEIVE MY HEALTH INFORMATION?

When used in this form, the term healthcare provider ("HP") includes, without limitation, hospitals; nursing homes; physicians and physician practice groups; dentists; podiatrists; pharmacies; facilities (including federally assisted facilities) that provide treatment for mental illnesses, substance abuse, and developmental disabilities; ambulatory care clinics; medical providers at correctional facilities; medical providers at health and human services organizations and community based treatment organizations; diagnostic and treatment centers; and home health agencies; outpatient rehabilitation facilities; hospices; all HHC-operated facilities and their respective extension and school-based clinics; or any other provider of a medical or health service.

WHAT ARE THE NAMES OF THE HHC-OPERATED FACILITIES?

Bellevue Hospital Center; Color Rehabilitation and Nursing Care Center; Henry J. Carter Specialty Hospital and Nursing Facility; Coney Island Hospital; Cumberland Diagnostic & Treatment Center ("D &TC"); Dr. Susan Smith McKinney Nursing and Rehabilitation Center; East New York D&TC; Elmhurst Hospital Center; Gouverneur Healthcare Services; Harlem Hospital Center; Jacobi Medical Center; HHC Health & Home Care; Kings County Hospital Center; Lincoln Medical and Mental Health Center; Metropolitan Hospital Center; Morrisania D&TC; North Central Bronx Hospital; Queens Hospital Center; Renaissance Health Care Network D&TC; Sea View Hospital Rehabilitation Center & Home; Segundo Ruiz Belvis D & TC; and Woodhull Medical and Mental Health Center.

PURPOSE AND DESCRIPTION OF AUTHORIZATION

1) *FOR TREATMENT PURPOSES, I AUTHORIZE THE DISCLOSURE OF MY HEALTH INFORMATION* to HPs and other persons or entities within or outside of HHC where such disclosure is necessary as part of a consultation or referral, to facilitate my transfer or discharge from HHC to another healthcare facility, for discharge planning purposes, or for the management and coordination of my health care and related services. Additionally, I authorize HPs who are currently treating me, have treated me in the past, or who treat me in the future, to disclose my health information to and/or within HHC. I also authorize HHC to disclose my health information to my family members and other individuals identified by me involved in my care. Unless I instruct otherwise, the information released to my family members shall be limited to that information relevant to their involvement in my care and shall not include sensitive health information.

2) *FOR PAYMENT PURPOSES, I AUTHORIZE THE DISCLOSURE OF MY HEALTH INFORMATION* to governmental agencies, insurance carriers, health insurers, health maintenance organizations or other third party reimbursers or their agents that may be financially liable for my hospitalization, treatment, and medical care. I also authorize the disclosure of my health information to other HPs to which I am financially liable for their medical or health services provided to me.

3) *FOR HEALTHCARE OPERATIONAL PURPOSES, I AUTHORIZE THE RELEASE OF MY HEALTH INFORMATION* to contractors, agents, and other third parties that provide services or functions to or on behalf of the Facility such as, but not limited to, legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, financial, claims processing or administration, data analysis, insurance, risk management, compliance, processing or administration, medical records management and operations, laboratory analyses, utilization review, quality assurance, billing, benefit management, practice management, training, or repricing services and activities, and (PLEASE CONTINUE ON THE BACK OF THIS FORM).

HHC 2849 (R Aug 15)

There are no order-level documents.

Patient-Level E-Signatures:

No documentation.

Encounter-Level E-Signatures:

No documentation.

END OF REPORT

AFTER VISIT SUMMARY

Hadmira Leacock MRN: 2249964

NYC HEALTH + HOSPITALS | Coney Island

6/5/2018 CONEY ISLAND ADULT ED 718-616-4400

Instructions

Apply warm pack. Take medication as prescribed if needed for pain. Follow up with your primary care doctor. Return to ER if worsening or new and alarming symptoms.

Your medications have changed

START taking:
ibuprofen (for:ADVIL, MOTRIN)
methocarbamol (ROBAXIN)

Review your updated medication list below.

Pick up these medications at CVS/pharmacy #2431 - BROOKLYN, NY - 4112 Avenue U

ibuprofen • methocarbamol
Address: 4112 Avenue U, BROOKLYN NY 11234
Phone: 718-253-0200

What's Next

You currently have no upcoming appointments scheduled.

General Emergency Department Discharge Instructions

We appreciate that you chose us as your healthcare provider.

This form provides you with information about the care you received in our Emergency Department and instructions about caring for yourself after you leave the Emergency Department. If you have further questions concerning this visit please call us at the included phone number above on this form. Please keep this form and bring it with you should you need additional treatment. If your symptoms become worse or you are not improving as expected and you are unable to reach your usual health care provider, or get to your follow-up appointment, you should return to the Emergency Department immediately. We are available 24 hours a day.

It is important that you keep appointments that may have been scheduled. If you are unable to make an appointment, please call the corresponding clinic to reschedule your appointment.

Today's Visit

You were seen by Aleksandr Shestak, MD

Reason for Visit
s/p fall, left side arm, hip injury

Diagnosis
Fall, initial encounter

Lab Tests Completed
POC Pregnancy, Urine

Lab Tests in Progress
POC Pregnancy, Urine

Imaging Tests
CT cervical spine without contrast
CT head without contrast
DX chest PA and lateral
DX foot left AP lateral and oblique
DX hip left AP and lateral
DX lumbar spine AP and lateral
DX pelvis AP
DX shoulder complete left
DX thoracic spine AP and lateral

Done Today
Position Patient

Medications Given
acetaminophen (for:TYLENOL) last given at 4:37 AM

Home Medication Information

The list of your home medications is based on the information provided by you (or your representative) during your Emergency Department visit, and/or the information contained in your medical record. In addition, some of your home medications **may have been changed** by the Emergency Department provider who evaluated you. These changes **may** include:

- New medications
- Changes to the amount or how often you take a medication
- Discontinuation of a medication

Please review the information below carefully. **Continue all your current medications as you are presently taking, with the exception of the following changes below. If you have questions about any of the medications or the changes, please contact your Primary Care Physician, the Provider who prescribed the medication, or your Pharmacist.**

NYC HEALTH+ HOSPITALS | MYCHART

With MyChart, you can... Message your doctor... Request refills... See test results... See your visit summaries and upcoming appointments and much much more...

To sign up go to **http://mychart.nychealthandhospitals.org**, click "**Sign Up Now**", and enter personal activation code: **G5482-67MHU**
Expires: 12/2/2018 7:43 AM.

Additional Information:
If you have questions, you can e-mail mychart@nychhc.org, to contact our MyChart staff. Remember, for emergencies, always call 911 - do not use MyChart.

Changes to Your Medication List

START taking these medications

START

ibuprofen 400 MG tablet
Commonly known as: for:ADVIL, MOTRIN

Take 1 tablet (400 mg total) by mouth every 6 (six) hours as needed for pain (or fever). Take with food.

START

methocarbamol 500 MG tablet
Commonly known as: ROBAXIN

Take 2 tablets (1,000 mg total) by mouth 3 (three) times a day for 4 days.

Your Treatment Plan

The treatment you have received during your visit was provided on an **emergency basis only** and is not meant to be a replacement for ongoing medical care. The information provided in these discharge instructions, **including follow up information**, should be followed in order to ensure proper treatment of your condition.

Leacock, Hadmira #2249964 (Acct:1000021368967) (42 y.o. F) PCP: None B13

Lab Results

Mark ALL as Reviewed

Procedure	Component	Value	Ref Range	Lab	Date/Time
POC Pregnancy, Urine [52245180]				NYC H+H/CI	Mark as Reviewed
Specimen: Urine					Collected: 06/05/18 0330
					Updated: 06/05/18 0334
	Ur Preg Test POC	Negative	Negative	NYC H+H/CI	

Narrative:
Performed by: KHAMIDOVA, MOKHIRA
Performed Date/Time: 6/5/2018 03:30

Mark ALL as Reviewed

Imaging Results

DX chest PA and lateral (Final result)
Result time 06/05/18 07:26:51
Final result by Darissa Kon, MD (06/05/18 07:26:51)

Impression:
No acute abnormality.

NEXXRAD REQUISITION 968461

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:26:51.31 PST

Narrative:
TECHNIQUE:
PA and lateral chest.

FINDINGS:
No prior studies available for comparison. Heart size and pulmonary vasculature are normal. There is no focal infiltrate, pleural effusion, or pneumothorax. There is no free air. No acute fracture seen.

DX thoracic spine AP and lateral (Final result)
Result time 06/05/18 07:27:12
Final result by Darissa Kon, MD (06/05/18 07:27:12)

Impression:
no acute abnormality.

NEXXRAD REQUISITION 968462

Report Dictated by Radiologist:

Imaging Results (continued)

DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:27:12.5 PST

Narrative:

TECHNIQUE:
AP and lateral T-spine.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. Recommend CT or MRI for further evaluation if clinically indicated.

DX lumbar spine AP and lateral (Final result)

Result time 06/05/18 07:28:12

Final result by Darissa Kon, MD (06/05/18 07:28:12)

Impression:

Stool in the colon rule out constipation. No acute fracture.

NEXXRAD REQUISITION 968463

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:28:12.857 PST

Narrative:

TECHNIQUE:
AP and lateral L-spine.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There stool in the colon suspicious for constipation. There are no abnormal calcifications. Recommend CT or MRI for further evaluation if
clinically indicated.

DX hip left AP and lateral (Final result)

Result time 06/05/18 07:28:56

Final result by Darissa Kon, MD (06/05/18 07:28:56)

Impression:

No acute abnormality.

NEXXRAD REQUISITION 968464

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:28:56.187 PST

Narrative:

Imaging Results (continued)

TECHNIQUE:
AP and frog-leg left hip.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies. There are calcified left pelvic phleboliths.

DX pelvis AP (Final result)
Result time 06/05/18 07:29:27
Final result by Darissa Kon, MD (06/05/18 07:29:27)

Impression:
No acute abnormality.

NEXXRAD REQUISITION 968465

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:29:27.793 PST

Narrative:
TECHNIQUE:
AP pelvis.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies. There calcified pelvic fluid.

DX shoulder complete left (Final result)
Result time 06/05/18 07:33:07
Final result by Darissa Kon, MD (06/05/18 07:33:07)

Impression:
No acute abnormality.

NEXXRAD REQUISITION 968466

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:33:07.043 PST

Narrative:
TECHNIQUE:
AP and Y. views left shoulder.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies or abnormal calcifications.

Imaging Results (continued)

DX foot left AP lateral and oblique (Final result)
Result time 06/05/18 07:33:57
Final result by Darissa Kon, MD (06/05/18 07:33:57)

Impression:
No acute abnormality.

NEXXRAD REQUISITION 968467

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 04:33:57.747 PST

Narrative:
TECHNIQUE:
AP, oblique, and lateral left foot.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies or abnormal calcifications.

CT cervical spine without contrast (Final result)
Result time 06/05/18 06:10:48
Final result by Darissa Kon, MD (06/05/18 06:10:48)

Impression:
No acute abnormality.

NEXXRAD REQUISITION 968413

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 03:10:48.457 PST

Narrative:
TECHNIQUE:
1.5 mm noncontrast axial images were obtained through the cervical spine. Sagittal and coronal reformatted images were performed.

FINDINGS:
No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment.the airway is patent. A normal epiglottis is seen. Visualized lung apices are clear. There is no significant stenosis or neuroforaminal
narrowing. Visualized lung apices are clear. There are subcentimeter cervical lymph nodes, a nonspecific finding.

CT head without contrast (Final result)
Result time 06/05/18 06:05:31
Final result by Darissa Kon, MD (06/05/18 06:05:31)

Impression:

Imaging Results (continued)

No acute intracranial abnormality.

NEXXRAD REQUISITION 968411

Report Dictated by Radiologist:
DARISSA KON, M.D.
Diplomate American Board of Radiology

2018-06-05 03:05:31.113 PST

Narrative:

TECHNIQUE:
Contiguous noncontrast axial images were obtained through the head. Brain and bone windows were performed.

FINDINGS:
No prior studies available for comparison. Ventricles and sulci are normal in size and position without mass effect or shift. There are no abnormal high or low density lesions in the cerebral hemispheres or posterior fossa. No acute fracture is seen.
Visualized sinuses are clear.

Felix Karafin, M.D.
All Boro Medical Rehabilitation
369 E 149th St.
Bronx, NY 10455
(718) 676-6151

Date: *07/16/2018*
Name: Hadmira Leacock

History of Present Illness: This is a lady who presents here with mostly left-sided pain in the neck, lower back, as well as pain radiating and possibly originating in the left shoulder. The patient states that physical therapy, so far, provides only modest relief which is not long-lasting and she is, overall, frustrated. The patient had MRI of the cervical spine which revealed bulging at C4-C5. At C5-C6 left foraminal disk herniation impinging on the exiting left C6 root and superimposed on ligamentous disk bulging. At C6-C7, there is a bulge with right foraminal disk herniation. Lumbar spine MRI revealed 1 mm retrolisthesis on L5-S1 with posterior subligamentous disk herniation impressing on the ventral sac encroaching peripheral interforamina bilaterally, abutting the right and nearly abutting the left L5 root in the foramina. There is also hypertrophy of the facets encroaching the thecal sac posterior lateral at L1-L2 through L4-L5, somewhat greater at L3-L4 and L4-L5, tiny 2 mm subcortical cyst associated with posterior subcortical margin, and the hypertrophic right facet at L2-L3. Left shoulder MRI revealed tenosynovitis in rotator cuff as well as tear of anterior glenoid labrum with adjusted subcoracoid paralabral cyst. We discussed with the patient her findings and correlated it with clinical findings. At this point, despite there is a labrum tear in the shoulder, the patient does not complain of instability. It is still hard to differentiate if the pain extends completely from the neck because it is mostly localized towards the trapezius muscles. The patient has negative empty can and negative drop-arm. She is somewhat guarding on the terminal abduction and external rotation but not fully appreciated apprehension or the clunk sign.

Plan: At this point, based on her clinical presentation and failure of the physical therapy, I will refer her for cervical epidural injection. After that, we will see to what extent her shoulder pain relief prior to considering any more aggressive treatment or orthopedic consult. The patient agreed with the plan. I feel that she will benefit from EMG/NCV of the bilateral upper and lower extremities to localize her pain source. The patient will be followed for EMG after the epidural injection because priority right now is the pain relief because the patient cannot concentrate on any activities, cannot work, and looking for any definite solution. At this point, the patient is disabled and unable to return to work.

Felix Karafin, M.D.
Pain Management
Board Certified Physical Medicine and Rehabilitation
Dictated but not read

DAMADIAN MRI IN CANARSIE, P.C.
2035 Ralph Avenue, Suite A-5, Brooklyn, NY 11234

t 718.209.1070
f 718.209.1138

HADMIRA LEACOCK CA1801007 **Report Date:** 07/03/2018
DOB: 07/25/1975
Exam Date: 07/03/2018

MITCHELL FAER, DC
2378 A RALPH AVE
BROOKLYN, NY 11234

MAGNETIC RESONANCE IMAGING SCAN OF THE CERVICAL SPINE

TECHNIQUE: Sagittal T1, Sagittal T2, Gradient Echo Axial

HISTORY: Patient complains of pain radiating to left shoulder/arm, headaches, status post slip/fall.

INTERPRETATION: There is straightening of the normal cervical lordosis in the sagittal plane.

At C2-3, there is no central canal stenosis.

At C3-4, there is no central canal stenosis.

At C4-5, there is subligamentous disc bulging abutting the ventral cord.

At C5-6, there is a left foraminal disc herniation impinging on the exiting left C6 nerve root and superimposed on subligamentous disc bulging.

At C6-7, there is subligamentous disc bulging with a shallow right foraminal disc herniation.

At C7-T1, there is no central canal stenosis.

Disc hydration loss is noted from C2-3 through C6-7 with tiny anterior spurring from C4-5 through C6-7.

Examination otherwise demonstrates no significant protrusions into the neural canal, recesses or foramina. The cervical cord is otherwise unremarkable in signal and morphology. There is no evidence of syrinx or Chiari malformation. No focal prevertebral or posterior paraspinal abnormal masses or altered signals are otherwise noted.

IMPRESSION:

- Straightening of the normal cervical lordosis.
- C4-5 subligamentous disc bulging abutting the ventral cord.
- C5-6 left foraminal disc herniation impinging on the exiting left C6 nerve root and superimposed on subligamentous disc bulging.
- C6-7 subligamentous disc bulging with a shallow right foraminal disc herniation.

Thank you for referring your patient to us for evaluation.

Sincerely,

Marc J Katzman MD

Marc Katzman, MD
Diplomate of the American Board of Radiology
With Added Qualifications in Neuroradiology
MK/bc

DAMADIAN MRI IN CANARSIE, P.C.
2035 Ralph Avenue, Suite A-5, Brooklyn, NY 11234

t 718.209.1070
f 718.209.1138

HADMIRA LEACOCK **CA1801007** **Report Date:** 06/30/2018
DOB: 07/25/1975
Exam Date: 06/27/2018

MITCHELL FAER, DC
2378 A RALPH AVE
BROOKLYN, NY 11234

MAGNETIC RESONANCE IMAGING SCAN OF THE LUMBAR SPINE

TECHNIQUE: Recumbent: Sagittal T1, Sagittal T2, Axial T1, Axial T2

HISTORY: The patient complains of low back pain with numbness and weakness of left foot and difficulty walking. Status-post slip & fall 6/3/2018.

INTERPRETATION: There is mild upper left convexity to the lumbar curvature.

Hypertrophy of the facets encroaches on the thecal sac posterolaterally at L1/2 through L4/5, somewhat greater at L3/4 and L4/5. There is a tiny 2 mm subcortical cyst associated with the posterior subarticular margin of the hypertrophic right facet at L2/3.

At L5/S1, there is a 1 mm retrolisthesis and a posterior subligamentous disc herniation impressing on the ventral thecal sac encroaching peripherally into the foramina bilaterally abutting the right and nearly abutting the left L5 nerve roots in the foramina. Facet hypertrophy is present at this level. There is disc hydration loss.

There is diminished T1 and increased T2 signal intensity noted in the posterior paraspinal fascial tissues consistent with inflammatory/noninfectious posterior paraspinal fasciitis.

Examination, otherwise, demonstrates the remaining lumbar vertebral bodies and intervertebral discs to be unremarkable in height, alignment and signal. The conus medullaris is unremarkable in signal, morphology and position. No other significant intrusions are noted into the neural canal, recesses, or foramina. No focal prevertebral or posterior paraspinal abnormal masses or altered signals are, otherwise, noted.

IMPRESSION:

- L5/S1 1 mm retrolisthesis and a posterior subligamentous disc herniation impressing on the ventral thecal sac encroaching peripherally into the foramina bilaterally abutting the

HADMIRA LEACOCK **CA1801007** **Exam Date:** 06/27/2018

right and nearly abutting the left L5 nerve roots in the foramina. Facet hypertrophy present at this level.

- Hypertrophy of the facets encroaches on the thecal sac posterolaterally at L1/2 through L4/5, somewhat greater at L3/4 and L4/5. Tiny 2 mm subcortical cyst associated with the posterior subarticular margin of the hypertrophic right facet at L2/3.
- Posterior paraspinal fasciitis.
- Mild upper left convexity to the lumbar curvature.

Thank you for referring your patient to us for evaluation.

Reviewed with Pt 7/11/18

Sincerely,

Steven Winter, M.D.
Diplomate of the American Board of Radiology
SW/aw

DAMADIAN MRI IN CANARSIE, P.C.
2035 Ralph Avenue, Suite A-5, Brooklyn, NY 11234

t 718.209.1070
f 718.209.1138

HADMIRA LEACOCK CA1801007 **Report Date:** 07/03/2018
DOB: 07/25/1975
Exam Date: 07/03/2018

NITIN NARKHEDE, MD
2378A RALPH AVENUE
BROOKLYN, NY 11234

MAGNETIC RESONANCE IMAGING SCAN OF THE LEFT SHOULDER

TECHNIQUE: Recumbent: Axial T1, Axial T2, Axial GE, Coronal/Oblique T1, Coronal/Oblique T2, Sagittal/Oblique T2

HISTORY: Patient complains of left shoulder pain with decreased range of motion. S/P slip and fall.

INTERPRETATION: There is tendinosis/tendinopathy involving the distal supraspinatus and infraspinatus tendons.

There is a trace glenohumeral synovial joint effusion.

There is tendinosis/tendinopathy of the distal subscapularis tendon.

There is a tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

Examination, otherwise, demonstrates the osseous structures of the shoulder to be, otherwise, unremarkable in signal and morphology. Muscular and tendinous structures including remaining portions of the rotator cuff are also felt to remain, otherwise, unremarkable in signal and morphology. The bicipital tendon appear unremarkable in position and morphology.

IMPRESSION:

- Tendinosis/tendinopathy involving the distal supraspinatus and infraspinatus tendons.
- Trace glenohumeral synovial joint effusion.
- Tendinosis/tendinopathy of the distal subscapularis tendon.
- Tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

Rh d
Ref to ortho

HADMIRA LEACOCK CA1801007 **Exam Date:** 07/03/2018

Left shoulder MRI

Thank you for referring your patient to us for evaluation.

Sincerely,

Marc J Katzman MD

Marc Katzman, MD
Diplomate of the American Board of Radiology
With Added Qualifications in Neuroradiology
MK/jg

Chiropractic Case History & Exam Form

PATIENT'S NAME: Hadmira Leacock CHART #: ______ REFERRED BY: ______

CHIEF COMPLAINT:

7/31/19 pt cont neck pain [illegible] 4/10
w/ back LBP 4-5/10
↑ pain with bending, lying [illegible] ([illegible])

PREV. CHIROPRACTIC CARE:
ACCIDENTS: FALLS:
X-RAYS, SURGERY:
MEDICATIONS/ALLERGIES:
FAMILY ILLNESS/HEALTH PROBLEMS

Headache, Vertigo, Blurring Eyes, Loss of Memory & Concentration, Depression, Decreased Energy, Buzzing/Ringing, Low Resistance

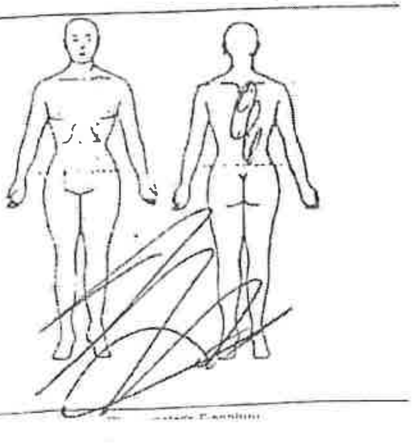
CHIROPRACTIC EXAMINATION

Posture Analysis	L	R
Head Tilt		
Shoulder High on		
Apparent Cervical Curvature		
Cervical muscle		
Post Scapula		
Apparent thoracic curvature		
Thoracic muscle		
Apparent lumbar curvature		
Lumbar muscle		
Illium high on		

L ☐ ☐ R Handed
1. DYN LT ______ / RT ______
2. DYN LT ______ / RT ______
3. DYN LT ______ / RT ______
4. DYN LT ______ / RT ______

Height
Weight
B/P

Comments: +T/P Muscle [illegible] (B) [illegible] (B) [illegible] (B) [illegible] (B) quad (B) Hamstring (B) TPL



DATE		7/31/19 (1)	2	3	4
Cervical					
Cervical Range of Motion					
Flex	50				
Ext	60				
L.R.	80°				
R.R.	80°				
L.L.F.	45°				
R. LF.	45°				
Spasm		(P)			
FCT L - Disc.		(P)			
FCT R - Disc		(+)			
Compression					
Soto Hall					
Cerv. Fix					
Lumbar					
Lumbar Range of Motion					
Flex	60				
Ext	25				
L.R.	30				
R.R.	30				
L.L.F.	25				
R. LF.	25				
Standing					
Toe W	L5/S1				
Heel W	L4/L5				
Adson's					
Trendelenberg		(P)			
Kemps L		(P)			
Kemps R		(+)			
Adams					
S. Percussion					
Prone					
Ely's					
Tenderness					
Spasm					

DATE	7/31/19 (1)	2	3	4
Supine				
Lewins				
Lasegues L	(P)			
Lasegues R	(P)			
Pat. Fab. L				
Pat. Fab. R				
Bragards L	(P)			
Bragards R	(P)			
Lindners	(P)			
Gaenslens L				
Gaenslens R				

Deep Reflexes

	L	R
Triceps		
Patella		
Biceps		
Achilles		
Wrist		
Babinski		

Sensory Exam
Hypoesthesia (−)
Hyperesthesia (−)
Dermatome Level

Clinical Impressions:
M50.12 M51.27
M54.12 [illegible]

Recommendations:
[illegible] Tx (W)
[illegible] [illegible]

Form CCHE-0500 _ Pink - 2 Hole

Chiropractic Case History & Exam Form

PATIENT'S NAME: Hadmiah Peacock CHART #: ______ REFERRED BY: ______

CHIEF COMPLAINT:

5/8/19 pt continues neck pain 7 out (L) 3h 4-5/10
mid back VBP 4-5/10
↑ pain with bending and
lying supine (positional)

Headache, Vertigo, Blurring Eyes, Loss of Memory & Concentration, Depression, Decreased Energy, Buzzing/Ringing, Low Resistance

PREV. CHIROPRACTIC CARE:
ACCIDENTS: FALLS:
X-RAYS, SURGERY:
MEDICATIONS/ALLERGIES:
FAMILY ILLINESS HEALTH PROBLEMS

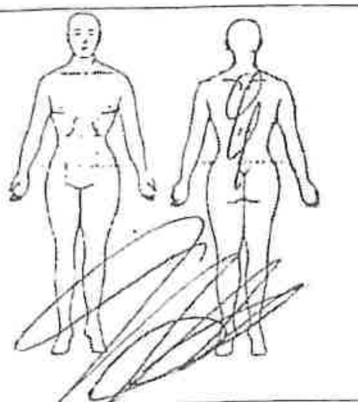
CHIROPRACTIC EXAMINATION

Posture Analysis	L	R
Head Tilt		
Shoulder High on		
Apparent Cervical Curvature		
Cervical muscle		
Post Scapula		
Apparent thoracic curvature		
Thoracic muscle		
Apparent lumbar curvature		
Lumbar muscle		
Illium high on		

L ☐ ☐ R Handed

1. DYN LT ______ / RT ______
2. DYN LT ______ / RT ______
3. DYN LT ______ / RT ______
4. DYN LT ______ / RT ______

Height
Weight
B/P
Comments: TTP Muscle Spasm in (B) trapezius (B) trap (B) deltoid (B) quads (B) hamstrings (B) TFL



Chiropractor's Signature

DATE		5/8/19	2	3	4
Cervical					
Cervical Range of Motion					
Flex	50	40			
Ext	60	50			
L.R.	80°	60			
R.R.	80°	60			
L.L.F.	45°	35			
R. LF.	45°	35			
Spasm					
FCT L - Disc.		⊕			
FCT R - Disc.		⊕			
Compression		⊕			
Soto Hall					
Cerv. Fix					
Lumbar					
Lumbar Range of Motion					
Flex	60	45			
Ext	25	15			
L.R.	30	20			
R.R.	30	20			
L.L.F.	25	20			
R. LF.	25	20			
Standing					
Toe W	L5/S1				
Heel W	L4/L5				
Adson's					
Trendelenberg					
Kemps L		⊕			
Kemps R		⊕			
Adams					
S. Percussion					
Prone					
Ely's					
Tenderness					
Spasm					

DATE	5/8/19	2	3	4
Supine				
Lewins				
Lasegues L	⊖			
Lasegues R	⊖			
Pat. Fab. L				
Pat. Fab. R				
Bragards L	⊖			
Bragards R	⊖			
Lindners	⊕			
Gaenslens L				
Gaenslens R				

Deep Reflexes

	L	R
Triceps		
Patella		
Biceps		
Achilles		
Wrist		
Babinski		

Sensory Exam
Hypoesthesia
Hyperesthesia
Dermatome Level

Clinical Impressions:
M50.22 M51.27
M54.12 S23.3XXA

Recommendations:
Manual PT
EMS/HMP CH

Form CCHE 0603 _ Pink - 2 Hole

Chiropractic Case History & Exam Form

PATIENT'S NAME Nadmian Harook CHART # ______ REFERRED BY ______

CHIEF COMPLAINT ______

4/8/19 pt cont neck pain - 70% (L) SH 4-5/10
mod burn LBP. 4-5/10

PREV. CHIROPRACTIC CARE: ______

ACCIDENTS: FALLS: ______

Headache, Vertigo, Blurring Eyes, Loss of Memory & Concentration, Depression, Decreased Energy, Buzzing/Ringing, Low Resistance

X-RAYS, SURGERY: ______

MEDICATIONS/ALLERGIES: ______

FAMILY ILLNESS/HEALTH PROBLEMS ______

CHIROPRACTIC EXAMINATION

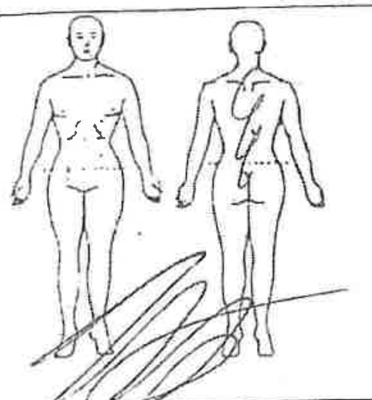
Posture Analysis	L	R
Head Tilt		
Shoulder High on		
Apparent Cervical Curvature		
Cervical muscle		
Post Scapula		
Apparent thoracic curvature		
Thoracic muscle		
Apparent lumbar curvature		
Lumbar muscle		
Illium high on		

L ☐ ☐ R Handed

1. DYN LT ______ / RT ______
2. DYN LT ______ / RT ______
3. DYN LT ______ / RT ______
4. DYN LT ______ / RT ______

Height ______
Weight ______
B/P ______

Comments: + 4/5 (L) biceps (L) triceps (L) deltoid
+4/5 (R) triceps (R) forearm
(R) deltoid (R) quadri
(R) ham string (R) TFL



Chiropractor's Signature

DATE		1 4/8/19	2	3	4
Cervical					
Cervical Range of Motion					
Flex	50	40			
Ext	60	50			
L.R.	80°	60			
R.R.	80°	60			
L.L.F.	45°	30			
R. L.F.	45°	30			
Spasm		(+)			
FCT L - Disc.		(+)			
FCT R - Disc.		(+)			
Compression		(+)			
Soto Hall					
Cerv. Fix					
Lumbar					
Lumbar Range of Motion					
Flex	60	40			
Ext	25	15			
L.R.	30	20			
R.R.	30	20			
L.L.F.	25	15			
R. L.F.	25	15			
Standing					
Toe W	L5/S1				
Heel W	L4/L5				
Adson's					
Trendelenberg		(+)			
Kemps L		(+)			
Kemps R		(+)			
Adams					
S. Percussion					
Prone					
Ely's					
Tenderness					
Spasm					

DATE	1 4/8/19	2	3	4
Supine				
Lewins	(+)			
Lasegues L	(+)			
Lasegues R	(+)			
Pat. Fab. L				
Pat. Fab. R				
Bragards L	(+)			
Bragards R	(+)			
Lindners	(+)			
Gaenslens L				
Gaenslens R				

Deep Reflexes

Triceps L ______ R ______
Patella L ______ R ______
Biceps L ______ R ______
Achilles L ______ R ______
Wrist L ______ R ______
Babinski L ______ R ______

Sensory Exam (+)

Hypoesthesia ______
Hyperesthesia (+) ______
Dermatome Level ______

Clinical Impressions:
M50.12 M51.27
M54.12 S33.3XXA

Recommendations:
Adjust PT
EMS Hp CH

Form CCHE-0300 _ Pink - 2 Hole

Chiropractic Case History & Exam Form

PATIENT'S NAME [illegible] CHART # ____ REFERRED BY ____

CHIEF COMPLAINT ____

3/8/19 pt had (L) [illegible] r-6/10

pt continues neck pain [illegible] (L) [illegible]

[illegible] LBP 6/10

pt took Xeralto for embolism - advised no embolism remains

Headache, Vertigo, Blurring Eyes, Loss of Memory & Concentration, Depression, Decreased Energy, Buzzing/Ringing, Low Resistance

PREV. CHIROPRACTIC CARE: ____

ACCIDENTS: FALLS: ____

X-RAYS, SURGERY: ____

MEDICATIONS/ALLERGIES: ____

FAMILY ILLNESS/HEALTH PROBLEMS ____

CHIROPRACTIC EXAMINATION

Posture Analysis	L	R
Head Tilt		
Shoulder High on		
Apparent Cervical Curvature		
Cervical muscle		
Post Scapula		
Apparent thoracic curvature		
Thoracic muscle		
Apparent lumbar curvature		
Lumbar muscle		
Illium high on		

L ☐ ☐ R Handed

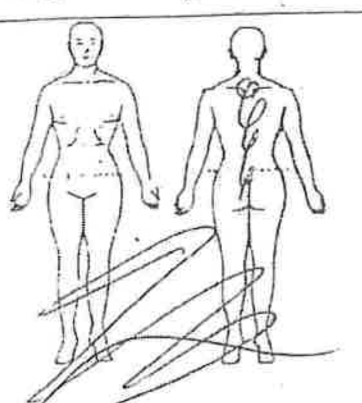
1. DYN LT ____ / RT ____
2. DYN LT ____ / RT ____
3. DYN LT ____ / RT ____
4. DYN LT ____ / RT ____

Height ____

Weight ____

B/P ____

Comments: +4/5 (L) bicep/ (L) tricep/ (L) deltoid +5/5 (R) bicep (R) tricep/ (R) deltoid (B) quads (B) Hamstrings (B) [illegible]



Chiropractor's Signature

DATE	3/8/19	2	3	4
Cervical				
Cervical Range of Motion				
Flex 50	40			
Ext 60	50			
L.R. 80°	50			
R.R. 80°	50			
L.L.F. 45°	30			
R. L.F. 45°	30			
Spasm				
FCT L-Disc.	(P)			
FCT R-Disc.	(P) (P)			
Compression				
Soto Hall				
Cerv. Fix				
Lumbar				
Lumbar Range of Motion				
Flex 60	40			
Ext 25	15			
L.R. 30	15			
R.R. 30	15			
L.L.F. 25	15			
R. L.F. 25	15			
Standing				
Toe W L5/S1				
Heel W L4/L5				
Adson's				
Trendelenberg				
Kemps L	(P)			
Kemps R	(P)			
Adams				
S. Percussion				
Prone	(P) (B)			
Ely's				
Tenderness	V/J			
Spasm				

DATE	3/8/19	2	3	4
Supine				
Lewins				
Lasegues L	(-)			
Lasegues R	(-)			
Pal. Fab. L				
Pal. Fab. R				
Bragards L	(-)			
Bragards R	(-)			
Lindners	(P)			
Gaenslens L				
Gaenslens R				

Deep Reflexes

	L	R
Triceps		
Patella		
Biceps		
Achilles		
Wrist		
Babinski		

Sensory Exam (-)

Hypoesthesia (-)

Hyperesthesia ____

Dermatome Level ____

Clinical Impressions: M50.22 M51.27 M54.12 S13.[illegible]

Recommendations: [illegible] [illegible]

Chiropractic Case History & Exam Form

PATIENT'S NAME Hadwan Jamal ______ CHART #: ______ REFERRED BY: ______

CHIEF COMPLAINT: 1/7/19 pt c/o neck pain → occ(E)H y/10
pit back LBP 4/10
↑ pain with lifting twisting

pt having lung CT (embolism)

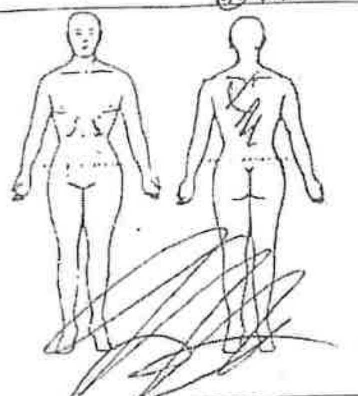
Headache, Vertigo, Blurring Eyes, Loss of Memory & Concentration, Depression, Decreased Energy, Buzzing/Ringing, Low Resistance

PREV. CHIROPRACTIC CARE: ______
ACCIDENTS: FALLS: ______
X-RAYS, SURGERY: ______
MEDICATIONS/ALLERGIES: ______
FAMILY ILLNESS HEALTH PROBLEMS ______

CHIROPRACTIC EXAMINATION

Posture Analysis	L	R
Head Tilt		
Shoulder High on		
Apparent Cervical Curvature		
Cervical muscle		
Post Scapula		
Apparent thoracic curvature		
Thoracic muscle		
Apparent lumbar curvature		
Lumbar muscle		
Illium high on		

L ☐ ☐ R Handed
1. DYN LT ______ / RT ______
2. DYN LT ______ / RT ______
3. DYN LT ______ / RT ______
4. DYN LT ______ / RT ______
Height ______
Weight ______
B/P ______
Comments: +5/5 muscle strength (B) bicep, (B) tricep, (B) deltoid, (B) quad, (B) hamstring, (B) TPC



Chiropractor's Signature

		1	2	3	4
DATE		1/7/19			
Cervical					
Cervical Range of Motion					
Flex	50	35			
Ext	60	50			
L.R.	80°	60			
R.R.	80°	60			
LLF	45°	35			
R. LF.	45°	35			
Spasm		(+)			
FCT L - Disc.		(+)			
FCT R - Disc.		(+)			
Compression					
Solo Hall					
Cerv. Fix					
Lumbar					
Lumbar Range of Motion					
Flex	60	50			
Ext	25	15			
L.R.	30	20			
R.R.	30	20			
LLF.	25	20			
R. LF.	25	20			
Standing					
Toe W	L5/S1				
Heel W	L4/L5				
Adson's					
Trendelenberg					
Kemps L		(+)			
Kemps R		(+)			
Adams					
S. Percussion					
Prone					
Ely's					
Tenderness					
Spasm					

	1	2	3	4
DATE	1/7/19			
Supine				
Lewins				
Lasegues L	(-)			
Lasegues R	(-)			
Pat. Fab. L				
Pat. Fab. R				
Bragards L	(-)			
Bragards R	(-)			
Lindners	(+)			
Gaenslens L				
Gaenslens R				

Deep Reflexes

	L	R
Triceps		
Patella		
Biceps		
Achilles		
Wrist		
Babinski		

Sensory Exam
Hypoesthesia (-)
Hyperesthesia (-)
Dermatome Level ______

Clinical Impressions: M50.22 M47.27
M54.12 S03.3XXA

Recommendations: MRI #1
EMG H/I C/L

Form CCHE C800 _ Pink - 2 Hole

Chiropractic Case History & Exam Form

PATIENT'S NAME Nadiuska Lascou CHART #. ______ REFERRED BY ______

CHIEF COMPLAINT ______

10/29/18 pt [illegible] neck pain → [illegible] 5/10

mid back LB 4-5/10

↑ pain with bending and twisting

Headache, Vertigo, Blurring Eyes, Loss of Memory & Concentration, Depression, Decreased Energy, Buzzing/Ringing, Low Resistance

PREV. CHIROPRACTIC CARE: ______

ACCIDENTS: FALLS: ______

X-RAYS, SURGERY: ______

MEDICATIONS/ALLERGIES: ______

FAMILY ILLNESS/HEALTH PROBLEMS ______

CHIROPRACTIC EXAMINATION

Posture Analysis	L	R
Head Tilt		
Shoulder High on		
Apparent Cervical Curvature		
Cervical muscle		
Post Scapula		
Apparent thoracic curvature		
Thoracic muscle		
Apparent lumbar curvature		
Lumbar muscle		
Ilium high on		

L ☐ ☐ R Handed

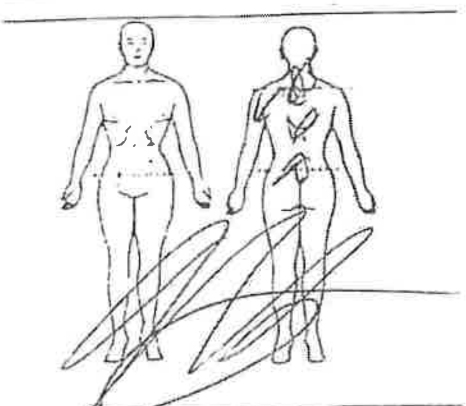
1. DYN LT ______ / RT ______
2. DYN LT ______ / RT ______
3. DYN LT ______ / RT ______
4. DYN LT ______ / RT ______

Height ______

Weight ______

B/P ______

Comments: +5/5 muscle strength (B) biceps (B) triceps (B) deltoid (B) q-ads (B) hamstrings (B) [illegible]



Chiropractor's Signature

DATE		1 10/29/18	2	3	4
Cervical					
Cervical Range of Motion					
Flex	50	35			
Ext	60	45			
L.R.	80°	60			
R.R.	80°	60			
L.L.F.	45°	30			
R. L.F.	45°	35			
Spasm		(+)			
FCT L - Disc.		(+)			
FCT R - Disc.		(+)			
Compression					
Soto Hall					
Cerv. Fix					
Lumbar					
Lumbar Range of Motion					
Flex	60	45			
Ext	25	15			
L.R.	30	20			
R.R.	30	20			
L.L.F.	25	20			
R. L.F.	25	20			
Standing					
Toe W	L5/S1				
Heel W	L4/L5				
Adson's					
Trendelenberg					
Kemps L		(+)			
Kemps R		(+)			
Adams					
S. Percussion					
Prone					
Ely's					
Tenderness					
Spasm					

DATE	1 10/29/18	2	3	4
Supine				
Lewins				
Lasegues L	(-)			
Lasegues R	(-)			
Pal. Fab. L				
Pal. Fab. R	(-)			
Bragards L	(-)			
Bragards R	(-)			
Lindners				
Gaenslens L				
Gaenslens R				

Deep Reflexes

	L	R
Triceps		
Patella		
Biceps		
Achilles		
Wrist		
Babinski		

Sensory Exam (-)

Hypoesthesia (-)

Hyperesthesia (-)

Dermatome Level

Clinical Impressions: M50.02 M51.27 M54.12 S13.4XXA

Recommendations: MRI [illegible] Email HEP [illegible]

Form CCHE-0800 _ Pink - 2 Hole

Chiropractic Case History & Exam Form

PATIENT'S NAME: Nadman Lancock CHART #: ______ REFERRED BY: ______

CHIEF COMPLAINT:

9/26/18 Pt went over neck pain [illegible]

mid back LB pain 5/10

↑ pain bending twisting

Headache, Vertigo, Blurring Eyes, Loss of Memory & Concentration, Depression, Decreased Energy, Buzzing/Ringing, Low Resistance

PREV. CHIROPRACTIC CARE:

ACCIDENTS: FALLS:

X-RAYS, SURGERY:

MEDICATIONS/ALLERGIES:

FAMILY ILLNESS/HEALTH PROBLEMS

CHIROPRACTIC EXAMINATION

Posture Analysis	L	R
Head Tilt		
Shoulder High on		
Apparent Cervical Curvature		
Cervical muscle		
Post Scapula		
Apparent thoracic curvature		
Thoracic muscle		
Apparent lumbar curvature		
Lumbar muscle		
Ilium high on		

L ☐ ☐ R Handed

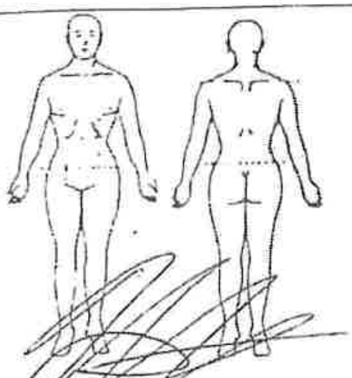
1. DYN LT ______ / RT ______
2. DYN LT ______ / RT ______
3. DYN LT ______ / RT ______
4. DYN LT ______ / RT ______

Height

Weight

B/P

Comments: + M/S muscle Strength (B) biceps (B) triceps (B) [illegible] (B) quad (B) Hamstring (B) [illegible] TPI



Chiropractor's Signature

		1	2	3	4
DATE		9/26/18			
Cervical					
Cervical Range of Motion					
Flex	50	30			
Ext	60	45			
L.R.	80°	60			
R.R.	80°	60			
L.LF.	45°	30			
R. LF.	45°	30			
Spasm					
FCT L - Disc.		(B)			
FCT R - Disc.		(B)			
Compression		(P)			
Solo Hall					
Carv. Fix					
Lumbar					
Lumbar Range of Motion					
Flex	60	40			
Ext	25	15			
L.R.	30	20			
R.R.	30	20			
L.LF.	25	15			
R. LF.	25	15			
Standing					
Toe W	L5/S1				
Heel W	L4/L5				
Adson's					
Trendelenberg		(P)			
Kemps L		(P)			
Kemps R		(P)			
Adams					
S. Percussion					
Prone					
Ely's					
Tenderness					
Spasm					

	1	2	3	4
DATE	9/26/18			
Supine				
Lewins	(B)			
Lasegues L	(B)			
Lasegues R	(B)			
Pat. Fab. L				
Pat. Fab. R	(B)			
Bragards L	(B)			
Bragards R	(B)			
Lindners	(P)			
Gaenslens L				
Gaenslens R				

Deep Reflexes

	L	R
Triceps		
Patella		
Biceps		
Achilles		
Wrist		
Babinski		

Sensory Exam (B)

Hypoesthesia

Hyperesthesia

Dermatome Level

Clinical Impressions:

M50.22 M51.27

M54.12 S23.3XXA

Recommendations:

Mobi [illegible]

Exercise [illegible]

Form CCHE-0800 _ Pink - 2 Hole

Chiropractic Case History & Exam Form

PATIENT'S NAME Nadman Laccock CHART # ______ REFERRED BY ______

CHIEF COMPLAINT:

8/23/19 [illegible] neck pain [illegible] UE [illegible]
[illegible] LBP 5-6/10
[illegible]
[illegible] with bending twisting

Headache, Vertigo, Blurring Eyes, Loss of Memory & Concentration, Depression, Decreased Energy, Buzzing/Ringing, Low Resistance

PREV. CHIROPRACTIC CARE:
ACCIDENTS: FALLS:
X-RAYS, SURGERY:
MEDICATIONS/ALLERGIES:
FAMILY ILLNESS/HEALTH PROBLEMS

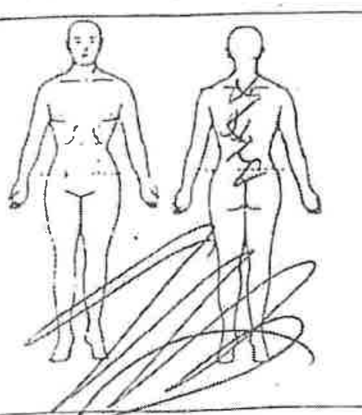
CHIROPRACTIC EXAMINATION

Posture Analysis	L	R
Head Tilt		
Shoulder High on		
Apparent Cervical Curvature		
Cervical muscle		
Post Scapula		
Apparent thoracic curvature		
Thoracic muscle		
Apparent lumbar curvature		
Lumbar muscle		
Illium high on		

L ☐ ☐ R Handed

1. DYN LT ______ / RT ______
2. DYN LT ______ / RT ______
3. DYN LT ______ / RT ______
4. DYN LT ______ / RT ______

Height
Weight
B/P
Comments: + 5/5 muscle strength [illegible] biceps [illegible] triceps [illegible] [illegible] quads [illegible] Hamstrings [illegible] TFL



Chiropractor's Signature

DATE		8/23/19 (1)	2	3	4
Cervical					
Cervical Range of Motion					
Flex	50	30			
Ext	60	40			
L.R.	80°	50			
R.R.	80°	50			
L.LF.	45°	30			
R. LF.	45°	30			
Spasm		(+)			
FCT L - Disc.		(+)			
FCT R - Disc		(+)			
Compression		(+)			
Soto Hall					
Cerv. Fix					
Lumbar					
Lumbar Range of Motion					
Flex	60	40			
Ext	25	15			
L.R.	30	20			
R.R.	30	20			
L.LF.	25	15			
R. LF.	25	15			
Standing					
Toe W	L5/S1				
Heel W	L4/L5				
Adson's					
Trendelenberg					
Kemps L		(+)			
Kemps R		(+)			
Adams					
S. Percussion					
Prone					
Ely's					
Tenderness					
Spasm					

DATE	8/23/19 (1)	2	3	4
Supine				
Lewins				
Lasegues L	(+)			
Lasegues R	(+)			
Pat. Fab. L				
Pat. Fab. R				
Bragards L	(+)			
Bragards R	(+)			
Lindners	(+)			
Gaenslens L				
Gaenslens R				

Deep Reflexes

	L	R
Triceps		
Patella		
Biceps		
Achilles		
Wrist		
Babinski		

Sensory Exam
Hypoesthesia (–)
Hyperesthesia (–)
Dermatome Level

Clinical Impressions:
M50.22 M51.27
M54.12 [illegible]

Recommendations:
Mobi [illegible]
EMS Myo [illegible]

Form CCHE 0800 _ Pink - 2 Hole

Chiropractic Case History & Exam Form

PATIENT'S NAME: Hadmera bea cock CHART #: ______ REFERRED BY: ______

CHIEF COMPLAINT:

7/03/18 pt continued neck pain c (L) UE 7-10/10

mid back LB pain 7-10/10

↑ pain with (L) rot, (L)

↑ LBP with bending twisting

Headache, Vertigo, Blurring Eyes, Loss of Memory & Concentration, Depression, Decreased Energy, Buzzing/Ringing, Low Resistance

PREV. CHIROPRACTIC CARE: ______

ACCIDENTS: FALLS: ______

X-RAYS, SURGERY: ______

MEDICATIONS/ALLERGIES: ______

FAMILY ILLINESS/HEALTH PROBLEMS ______

CHIROPRACTIC EXAMINATION

Posture Analysis	L	R
Head Tilt		
Shoulder High on		
Apparent Cervical Curvature		
Cervical muscle		
Post Scapula		
Apparent thoracic curvature		
Thoracic muscle		
Apparent lumbar curvature		
Lumbar muscle		
Ilium high on		

L ☐ ☐ R Handed

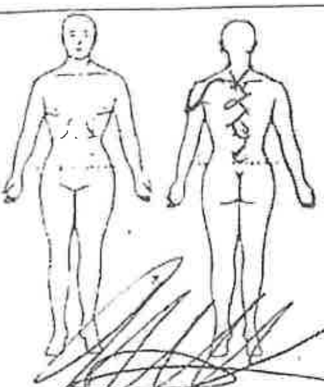
1. DYN LT ______ / RT ______
2. DYN LT ______ / RT ______
3. DYN LT ______ / RT ______
4. DYN LT ______ / RT ______

Height ______

Weight ______

B/P ______

Comments: TTP Musc. Tight B/ Cervical (B) Trap, (B) Rhomboid, (B) Quads (B) Hamstrings, (B) TFL



Chiropractor's Signature

DATE		1: 7/03/18	2	3	4
Cervical					
Cervical Range of Motion					
Flex	50	30			
Ext	60	40			
L.R.	80°	70			
R.R.	80°	50			
L.LF.	45°	25			
R. LF.	45°	25			
Spasm					
FCT L - Disc.		(+)			
FCT R - Disc.		(+)			
Compression		(+)			
Soto Hall					
Cerv. Fix					
Lumbar					
Lumbar Range of Motion					
Flex	60	30			
Ext	25	15			
L.R.	30	15			
R.R.	30	15			
LLF.	25	15			
R. LF.	25	15			
Standing					
Toe W	L5/S1				
Heel W	L4/L5				
Adson's					
Trendelenberg					
Kemps L		(+)			
Kemps R		(+)			
Adams					
S. Percussion					
Prone					
Ely's		(+)(B)			
Tenderness					
Spasm					

DATE	1: 7/03/18	2	3	4
Supine				
Lewins				
Lasegues L	(+) 70			
Lasegues R	(−)			
Pat. Fab. L				
Pat. Fab. R	(−)			
Bragards L	(−)			
Bragards R	(−)			
Lindners	(+)			
Gaenslens L				
Gaenslens R				

Deep Reflexes

	L	R
Triceps		
Patella		
Biceps		
Achilles		
Wrist		
Babinski		

Sensory Exam

Hypoesthesia (−)

Hyperesthesia (−)

Dermatome Level ______

Clinical Impressions:

M50.22 M51.27
M54.12 S23.3XXA

Recommendations:

MRI's f/u
Pain Mgmt f/u

Form CCHE-0800 - Pink - 2 More

6/13/18

Chiropractic Case History & Exam Form

PATIENT'S NAME Wiadmien Laacock CHART #: ____ REFERRED BY Google

CHIEF COMPLAINT: D/A 6/5/18
Pt states she was walking one speedway gas station when she fell on an uneven concrete floor. Broke her fall w/ both hands & both knees. Felt to ... Injection & Rx ... Presents today w/ neck, mid & LBP, lt foot. All movements are difficult. ... LT UE ... sleeping, lying down, lifting ... Pt is working w/ F/T ...

PREV. CHIROPRACTIC CARE: LBP x 7 years ...

Headache, Vertigo, Blurring Eyes, Loss of Memory & Concentration, Depression, Decreased Energy, Buzzing/Ringing, Low Resistance

ACCIDENTS: FALLS: Ø

X-RAYS, SURGERY: Ø

MEDICATIONS/ALLERGIES: NKA Ø meds.

FAMILY ILLNESS/HEALTH PROBLEMS Ø

CHIROPRACTIC EXAMINATION

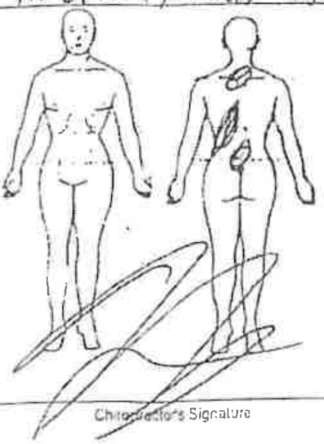
Posture Analysis	L	R
Head Tilt		
Shoulder High on		
Apparent Cervical Curvature		
Cervical muscle		
Post Scapula		
Apparent thoracic curvature		
Thoracic muscle		
Apparent lumbar curvature		
Lumbar muscle		
Ilium high on		

L ☐ ☐ R Handed

1. DYN LT ____ / RT ____
2. DYN LT ____ / RT ____
3. DYN LT ____ / RT ____
4. DYN LT ____ / RT ____

Height ____
Weight ____
B/P ____

Comments: +MT ... (L) triceps ... deltoid ... (R) biceps (R) triceps (R) deltoid ... T/L spasm ... T5-T6



Chiropractor's Signature

DATE		1 6/13/18	2	3	4
Cervical					
Cervical Range of Motion					
Flex	50	30			
Ext	60	30			
L.R.	80°	40			
R.R.	80°	40			
L.L.F.	45°	35			
R. LF.	45°	35			
Spasm		(B) C-T			
FCT L - Disc.		Ø			
FCT R - Disc.		⊕			
Compression		⊕			
Soto Hall					
Cerv. Fix					
Lumbar					
Lumbar Range of Motion					
Flex	60	30			
Ext	25	15			
L.R.	30	15			
R.R.	30	15			
LLF	25	10			
R. LF.	25	10			
Standing					
Toe W	L5/S1				
Heel W	L4/L5				
Adson's					
Trendelenberg					
Kemps L		⊕			
Kemps R		⊕			
Adams					
S. Percussion					
Prone					
Ely's		⊕ Ø			
Tenderness		VT			
Spasm					

DATE	1 6/13/18	2	3	4
Supine				
Lewins				
Lasegues L	⊕ 60			
Lasegues R	Ø			
Pat. Fab L				
Pat. Fab. R				
Bragards L	Ø			
Bragards R	Ø			
Lindners	⊕			
Gaenslens L				
Gaenslens R				

Deep Reflexes

	L	R
Triceps	2	2
Patella	2	2
Biceps	2	2
Achilles	2	2
Wrist		
Babinski		

Sensory Exam
Hypoesthesia Ø
Hyperesthesia Ø
Dermatome Level ____

Clinical Impressions:
S13.4XXA M54.2
S33.5XXA S33.5XXA

Recommendations:
~~...~~ MS, TT
EMS, HP, TT

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: [illegible] DATE: 6/28/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[X] Neck	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Working [] Not Working
[X] Upper Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Partial Disability [] Total Disability
[X] Midback	L	R	B/L	1 2 3 4 5 6 7 8 9 10	STUDENTS ATTENDING: [] Yes [] No
[X] Low Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	

OTHERS: RTW/ SCHOOL:

TREATMENT: [X] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: PMA with Activator

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [X] Pain [X] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [X] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:

ASSESSMENT: [X] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed

NOTES:

DC

DATE: 7/1/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[X] Neck	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Working [] Not Working
[X] Upper Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Partial Disability [] Total Disability
[X] Midback	L	R	B/L	1 2 3 4 5 6 7 8 9 10	STUDENTS ATTENDING: [] Yes [] No
[X] Low Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	

OTHERS: RTW/ SCHOOL:

TREATMENT: [X] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: PMA

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [X] Pain [X] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [X] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:

ASSESSMENT: [X] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [X] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed

NOTES:

DC

DATE: 7/31/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[X] Neck	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Working [] Not Working
[X] Upper Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Partial Disability [] Total Disability
[X] Midback	L	R	B/L	1 2 3 4 5 6 7 8 9 10	STUDENTS ATTENDING: [] Yes [] No
[X] Low Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	

OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT:

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [X] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [X] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:

ASSESSMENT: [X] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [X] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed

NOTES:

DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: HADMIAH LOASCOCK DATE: 6/19/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: AF/A with Activator

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

DC

DATE: 6/19/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: AF/A with Activator

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

DC

DATE: 6/19/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: AF/A with Activator

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Hardman Lancaster DATE: 6/12/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL:

OTHERS:
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: HIA with Activator

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R
OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

DC

DATE: 6/14/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL:

OTHERS:
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: HIA with Activator

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R
OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

DC

DATE: 6/17/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL:

OTHERS:
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: HIA with Activator

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R
OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Hadassah Lancaster DATE: 5/4/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: ____

OTHERS: ____
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: PT/A with Activator

[] Electrical Stimulation x 15' ____ [] Hot Pack x 15' FJ [] Massage ____ [] Manual Therapy x 20' ____
[] Therex ____ [] Cold Pack x 15' ____ [] Ultrasound x 8' ____ [] Stretching x 15' ____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: ____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS: ____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: ____

____ DC

DATE: 5/8/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: ____

OTHERS: ____
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: PTA & Action

[] Electrical Stimulation x 15' ____ [] Hot Pack x 15' FJ [] Massage ____ [] Manual Therapy x 20' ____
[] Therex ____ [] Cold Pack x 15' ____ [] Ultrasound x 8' ____ [] Stretching x 15' ____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: ____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS: ____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: ____

____ DC

DATE: 5/9/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: ____

OTHERS: ____
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: PTA with Activator

[] Electrical Stimulation x 15' ____ [] Hot Pack x 15' FJ [] Massage ____ [] Manual Therapy x 20' ____
[] Therex ____ [] Cold Pack x 15' ____ [] Ultrasound x 8' ____ [] Stretching x 15' ____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: ____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS: ____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: ____

____ DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Hadmira Leacock DATE: 5/10/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[H] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

OTHERS: _____

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Pelvic Fix Activator

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R
OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____ DC

DATE: 5/13/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

OTHERS: _____

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Pelvic Fix Activator

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R
OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____ DC

DATE: 5/20/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[H] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[H] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[H] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

OTHERS: _____

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

TREATMENT: [H] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Pelvic Fix Activator

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [H] Pain [H] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R
OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [H] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [H] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____ DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Waldman Lorcosic DATE: 5/6/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Cervical Activator F/U

[] Electrical Stimulation x 15' [] Hot Pack x 15' F/U [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

DC

DATE: 5/6/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Prone F/U Activator

[] Electrical Stimulation x 15' [] Hot Pack x 15' F/U [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

DC

DATE: 5/8/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Prone F/U Activator

[] Electrical Stimulation x 15' [] Hot Pack x 15' F/U [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: Return

DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Hadwien Lorenzo DATE: 4/15/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

Neck	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Working [] Not Working
Upper Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Partial Disability [] Total Disability
Midback	L	R	B/L	1 2 3 4 5 6 7 8 9 10	STUDENTS ATTENDING: [] Yes [] No
Low Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	

OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Activator to the knee

[] Electrical Stimulation x 15' [] Hot Pack x 15' f/u [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:

ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed

NOTES: T (L) midback pain overworked

DC

DATE: 4/19/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

Neck	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Working [] Not Working
Upper Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Partial Disability [] Total Disability
Midback	L	R	B/L	1 2 3 4 5 6 7 8 9 10	STUDENTS ATTENDING: [] Yes [] No
Low Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	

OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Activator f/u plan

[] Electrical Stimulation x 15' [] Hot Pack x 15' f/u [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:

ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed

NOTES:

DC

DATE: 4/26/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

Neck	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Working [] Not Working
Upper Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Partial Disability [] Total Disability
Midback	L	R	B/L	1 2 3 4 5 6 7 8 9 10	STUDENTS ATTENDING: [] Yes [] No
Low Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	

OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Activator f/u plan

[] Electrical Stimulation x 15' [] Hot Pack x 15' f/u [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:

ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed

NOTES: ft bad TFL superior

DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Hadmiem Lanacek DATE: 4/3/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No

OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Activator fli prone

[] Electrical Stimulation x 15' [] Hot Pack x 15' fli [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:

ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as Instructed
NOTES: Adams

DC

DATE: 4/10/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No

OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Activator fli prone

[] Electrical Stimulation x 15' [] Hot Pack x 15' fli [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:

ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as Instructed
NOTES:

DC

DATE: 4/4/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No

OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Activator fli prone

[] Electrical Stimulation x 15' [] Hot Pack x 15' fli [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:

ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as Instructed
NOTES:

DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Norman Lacak DATE: 3/20/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Working [] Not Working
[] Upper Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Partial Disability [] Total Disability
[] Midback	L	R	B/L	1 2 3 4 5 6 7 8 9 10	STUDENTS ATTENDING: [] Yes [] No
[] Low Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	

OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Activator f/l

[] Electrical Stimulation x 15' [] Hot Pack x 15' f/l [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:

ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

DC

DATE: 4/1/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Working [] Not Working
[] Upper Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Partial Disability [] Total Disability
[] Midback	L	R	B/L	1 2 3 4 5 6 7 8 9 10	STUDENTS ATTENDING: [] Yes [] No
[] Low Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	

OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Activator f/l prone

[] Electrical Stimulation x 15' [] Hot Pack x 15' CP [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:

ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

DC

DATE: 4/5/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Working [] Not Working
[] Upper Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Partial Disability [] Total Disability
[] Midback	L	R	B/L	1 2 3 4 5 6 7 8 9 10	STUDENTS ATTENDING: [] Yes [] No
[] Low Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	

OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Activator f/l prone

[] Electrical Stimulation x 15' [] Hot Pack x 15' f/l [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:

ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Nadezhda Lobeck DATE: 3/8/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Working [] Not Working
[] Upper Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Partial Disability [] Total Disability
[] Midback	L	R	B/L	1 2 3 4 5 6 7 8 9 10	STUDENTS ATTENDING: [] Yes [] No
[] Low Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	

OTHERS: _____ RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Activator #1

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' #1 [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: Exam

2 DC

DATE: 3/15/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Working [] Not Working
[] Upper Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Partial Disability [] Total Disability
[] Midback	L	R	B/L	1 2 3 4 5 6 7 8 9 10	STUDENTS ATTENDING: [] Yes [] No
[] Low Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	

OTHERS: _____ RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Activator #1

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' #1 [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

3 DC

DATE: 3/18/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Working [] Not Working
[] Upper Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	[] Partial Disability [] Total Disability
[] Midback	L	R	B/L	1 2 3 4 5 6 7 8 9 10	STUDENTS ATTENDING: [] Yes [] No
[] Low Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10	

OTHERS: _____ RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Activator #1

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' #1 [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

4 DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Nwanna Langoct DATE: 1/11/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

				PAINSCALE
[/] Neck	L	R	B/L	1 2 (3) 4 5 6 7 8 9 10
[/] Upper Back	L	R	B/L	1 2 3 (4) 5 6 7 8 9 10
[/] Midback	L	R	B/L	1 2 3 (4) 5 6 7 8 9 10
[/] Low Back	L	R	B/L	1 2 3 (4) 5 6 7 8 9 10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: ______

OTHERS: ______
TREATMENT: [/] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: Activator FP prone

[] Electrical Stimulation x 15' ______ [] Hot Pack x 15' ______ [] Massage ______ [] Manual Therapy x 20' ______
[] Therex ______ [] Cold Pack x 15' ______ [] Ultrasound x 8' ______ [] Stretching x 15' ______

SUBJECTIVE: Patient complaints of : [/] Pain [/] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: ______
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [/] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS: ______
ASSESSMENT: [/] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [/] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: pt had CT Lmy - (L) EMG/NCV on 1/8/19

______ DC

DATE: 1/14/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

				PAINSCALE
[/] Neck	L	R	B/L	1 2 3 4 5 6 7 8 9 10
[/] Upper Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10
[/] Midback	L	R	B/L	1 2 3 4 5 6 7 8 9 10
[/] Low Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: ______

OTHERS: ______
TREATMENT: [/] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: Activator FP prone

[] Electrical Stimulation x 15' ______ [] Hot Pack x 15' ______ [] Massage ______ [] Manual Therapy x 20' ______
[] Therex ______ [] Cold Pack x 15' ______ [] Ultrasound x 8' ______ [] Stretching x 15' ______

SUBJECTIVE: Patient complaints of : [/] Pain [/] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: ______
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [/] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS: ______
ASSESSMENT: [/] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [/] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: pt had (L) Sh surgery 2/6/19 - Dr McCulloch

______ DC

DATE: 1/16/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

				PAINSCALE
[/] Neck	L	R	B/L	1 2 (3) (4) 5 6 7 8 9 10
[/] Upper Back	L	R	B/L	1 2 (3) (4) 5 6 7 8 9 10
[/] Midback	L	R	B/L	1 2 3 (4) 5 6 7 8 9 10
[/] Low Back	L	R	B/L	1 2 3 (4) 5 6 7 8 9 10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: ______

OTHERS: ______
TREATMENT: [] Corrective [/] Symptomatic [] Support [] Maintenance
ADJUSTMENT: Activator FP prone

[] Electrical Stimulation x 15' ______ [] Hot Pack x 15' ______ [] Massage ______ [] Manual Therapy x 20' ______
[] Therex ______ [] Cold Pack x 15' ______ [] Ultrasound x 8' ______ [] Stretching x 15' ______

SUBJECTIVE: Patient complaints of : [/] Pain [/] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: ______
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [/] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS: ______
ASSESSMENT: [/] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [/] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: ______

______ DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Hadassah Lancack DATE: 4/28/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
OTHERS: _____ RTW/ SCHOOL: _____
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: Activator fli prone

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: Trench plan

_____ DC

DATE: 1/1/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
OTHERS: _____ RTW/ SCHOOL: _____
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: Activator fli prone

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: Redeem

_____ DC

DATE: 1/9/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
OTHERS: _____ RTW/ SCHOOL: _____
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: Activator fli prone

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____ DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Hannah Lorack DATE: 11/2/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	(5)	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No

OTHERS: _____ RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Act. FS

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____, DC

DATE: 11/4/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	(3)	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No

OTHERS: _____ RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Activator FS

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of:: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____, DC

DATE: 11/6/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No

OTHERS: _____ RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: Act FS

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____, DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: [illegible handwritten name] DATE: 10/9/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck L R B/L 1 2 3 4 5 6 7 8 9 10 — [] Working [] Not Working
[] Upper Back L R B/L 1 2 3 4 5 6 7 8 9 10 — [] Partial Disability [] Total Disability
[] Midback L R B/L 1 2 3 4 5 6 7 8 9 10 — STUDENTS ATTENDING: [] Yes [] No
[] Low Back L R B/L 1 2 3 4 5 6 7 8 9 10
OTHERS: ______ RTW/ SCHOOL: ______
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: [illegible handwriting]

[] Electrical Stimulation x 15' ______ [] Hot Pack x 15' ______ [] Massage ______ [] Manual Therapy x 20' ______
[] Therex ______ [] Cold Pack x 15' ______ [] Ultrasound x 8' ______ [] Stretching x 15' ______

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: ______
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS: ______
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: ______

______, DC

DATE: 10/10/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck L R B/L 1 2 3 4 5 6 7 8 9 10 — [] Working [] Not Working
[] Upper Back L R B/L 1 2 3 4 5 6 7 8 9 10 — [] Partial Disability [] Total Disability
[] Midback L R B/L 1 2 3 4 5 6 7 8 9 10 — STUDENTS ATTENDING: [] Yes [] No
[] Low Back L R B/L 1 2 3 4 5 6 7 8 9 10
OTHERS: ______ RTW/ SCHOOL: ______
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: C+T FS L/S

[] Electrical Stimulation x 15' ______ [] Hot Pack x 15' ______ [] Massage ______ [] Manual Therapy x 20' ______
[] Therex ______ [] Cold Pack x 15' ______ [] Ultrasound x 8' ______ [] Stretching x 15' ______

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: ______
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS: ______
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: ______

______, DC

DATE: 11/1/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck L R B/L 1 2 3 4 5 6 7 8 9 10 — [] Working [] Not Working
[] Upper Back L R B/L 1 2 3 4 5 6 7 8 9 10 — [] Partial Disability [] Total Disability
[] Midback L R B/L 1 2 3 4 5 6 7 8 9 10 — STUDENTS ATTENDING: [] Yes [] No
[] Low Back L R B/L 1 2 3 4 5 6 7 8 9 10
OTHERS: ______ RTW/ SCHOOL: ______
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: Change to Activator FS

[] Electrical Stimulation x 15' ______ [] Hot Pack x 15' ______ [] Massage ______ [] Manual Therapy x 20' ______
[] Therex ______ [] Cold Pack x 15' ______ [] Ultrasound x 8' ______ [] Stretching x 15' ______

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: ______
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS: ______
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: Hospitalized Rt lung blood clot as of [illegible] to birth control meds for fibroids

______, DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Naomi Lowcock DATE: 10/4/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM PAINSCALE
[] Neck L R B/L 1 2 3 4 5 6 7 8 9 10
[] Upper Back L R B/L 1 2 3 4 5 6 7 8 9 10
[] Midback L R B/L 1 2 3 4 5 6 7 8 9 10
[] Low Back L R B/L 1 2 3 4 5 6 7 8 9 10
OTHERS:
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL:

ADJUSTMENT: C + Th + M P/P

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

DC

DATE: 10/25/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM PAINSCALE
[] Neck L R B/L 1 2 3 4 5 6 7 8 9 10
[] Upper Back L R B/L 1 2 3 4 5 6 7 8 9 10
[] Midback L R B/L 1 2 3 4 5 6 7 8 9 10
[] Low Back L R B/L 1 2 3 4 5 6 7 8 9 10
OTHERS:
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL:

ADJUSTMENT: FD L/S p c

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

DC

DATE: 10/4/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM PAINSCALE
[] Neck L R B/L 1 2 3 4 5 6 7 8 9 10
[] Upper Back L R B/L 1 2 3 4 5 6 7 8 9 10
[] Midback L R B/L 1 2 3 4 5 6 7 8 9 10
[] Low Back L R B/L 1 2 3 4 5 6 7 8 9 10
OTHERS:
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL:

ADJUSTMENT: AFD L/S p c

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Nadine Lovacek DATE: 10/12/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1 2 3 4 5 6 7 8 9 10
[] Upper Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10
[] Midback	L	R	B/L	1 2 3 4 5 6 7 8 9 10
[] Low Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10

OTHERS: _____

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: C-Sup pTh+E/D 1/1

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____ DC

DATE: 10/15/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1 2 3 4 5 6 7 8 9 10
[] Upper Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10
[] Midback	L	R	B/L	1 2 3 4 5 6 7 8 9 10
[] Low Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10

OTHERS: _____

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: C-Sup pTh+fID to L1

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____ DC

DATE: 10/16/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1 2 3 4 5 6 7 8 9 10
[] Upper Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10
[] Midback	L	R	B/L	1 2 3 4 5 6 7 8 9 10
[] Low Back	L	R	B/L	1 2 3 4 5 6 7 8 9 10

OTHERS: _____

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: C-Sup pTh+fID to L1

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____ DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Nadwian Lorecck DATE: 9/4/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

OTHERS: _____

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: C-Jvl ftm + Afid

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____ DC

DATE: 9/6/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

OTHERS: _____

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: C-Jvl ftm + Afid

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: Refuses

_____ DC

DATE: 10/10/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

OTHERS: _____

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: C-Jvl ftm + Afid

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____ DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Nadmin Lorack DATE: 9/14/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

OTHERS: _____

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: AFO ptn/c

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____ DC

DATE: 9/17/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

OTHERS: _____

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: AFO ptn + cuing

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____ DC

DATE: 9/20/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

OTHERS: _____

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: AFO ptn/c

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: Refer to McCulloch MD for shoulder. 9/20/18

_____ DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Hindman Lubbock DATE: 9/6/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck L R B/L 1 2 3 4 5 6 7 8 9 10
[] Upper Back L R B/L 1 2 3 4 5 6 7 8 9 10
[] Midback L R B/L 1 2 3 4 5 6 7 8 9 10
[] Low Back L R B/L 1 2 3 4 5 6 7 8 9 10
OTHERS: ______

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: ______

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: AFD p th/c

[] Electrical Stimulation x 15' ______ [] Hot Pack x 15' ______ [] Massage ______ [] Manual Therapy x 20' ______
[] Therex ______ [] Cold Pack x 15' ______ [] Ultrasound x 8' ______ [] Stretching x 15' ______

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: ______

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS: ______

ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: ______

______, DC

DATE: 9/11/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck L R B/L 1 2 3 4 5 6 7 8 9 10
[] Upper Back L R B/L 1 2 3 4 5 6 7 8 9 10
[] Midback L R B/L 1 2 3 4 5 6 7 8 9 10
[] Low Back L R B/L 1 2 3 4 5 6 7 8 9 10
OTHERS: ______

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: ______

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: AFD p th/c

[] Electrical Stimulation x 15' ______ [] Hot Pack x 15' ______ [] Massage ______ [] Manual Therapy x 20' ______
[] Therex ______ [] Cold Pack x 15' ______ [] Ultrasound x 8' ______ [] Stretching x 15' ______

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: ______

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS: ______

ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: ______

______, DC

DATE: 9/12/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck L R B/L 1 2 3 4 5 6 7 8 9 10
[] Upper Back L R B/L 1 2 3 4 5 6 7 8 9 10
[] Midback L R B/L 1 2 3 4 5 6 7 8 9 10
[] Low Back L R B/L 1 2 3 4 5 6 7 8 9 10
OTHERS: ______

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: ______

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: APID + PTh, C-1,2

[] Electrical Stimulation x 15' ______ [] Hot Pack x 15' ______ [] Massage ______ [] Manual Therapy x 20' ______
[] Therex ______ [] Cold Pack x 15' ______ [] Ultrasound x 8' ______ [] Stretching x 15' ______

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: ______

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS: ______

ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: ______

______, DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Nadhmia Lancick DATE: 8/29/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

OTHERS: _____
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: AFD ptn/cmp

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____ DC

DATE: 9/4/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

OTHERS: _____
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: AFD ptn/cmp

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____ DC

DATE: 9/5/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

OTHERS: _____
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: AFD ptn + cmp

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____ DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: NADMILAH LEACOCK DATE: 8/25/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM PAINSCALE
[/] Neck L R B/L 1 2 3 4 5 (6) 7 8 9 10
[/] Upper Back L R B/L 1 2 3 4 5 (6) 7 8 9 10
[] Midback L R B/L 1 2 3 4 5 (6) 7 8 9 10
[/] Low Back L R B/L 1 2 3 4 5 6 (7) 8 9 10
OTHERS:

WORK STATUS: [/] Working [] Not Working
[/] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: AFD

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [/] Pain [/] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [/] Muscle Spasm [/] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:
ASSESSMENT: [/] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [/] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:
Saw Dr. Guelin ortho - ADJ. red surgery. Pt is declining awaiting sh. surgeon appt.

DC

DATE: 9/4/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM PAINSCALE
[/] Neck L R B/L 1 2 3 4 (5 6) 7 8 9 10
[/] Upper Back L R B/L 1 2 3 4 5 (6) 7 8 9 10
[/] Midback L R B/L 1 2 3 4 5 (6) 7 8 9 10
[/] Low Back L R B/L 1 2 3 4 5 (6) 7 8 9 10
OTHERS:

WORK STATUS: [] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: AFD

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [/] Pain [/] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [/] Restricted ROM [/] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:
ASSESSMENT: [/] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [/] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

DC

DATE: 9/12/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM PAINSCALE
[/] Neck L R (B/L) 1 2 3 (4 5) 6 7 8 9 10
[/] Upper Back L R (B/L) 1 2 3 4 (5 6) 7 8 9 10
[/] Midback L R (B/L) 1 2 3 4 5 6 7 8 9 10
[/] Low Back L R (B/L) 1 2 3 4 5 (6) 7 8 9 10
OTHERS:

WORK STATUS: [/] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL:

TREATMENT: [/] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: AFD to U/ PTh + Cuj...

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [/] Pain [/] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [/] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Hadrian Lancock DATE: 8/6/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[✓] Neck L R B/L 1 2 3 4 5 6 7 (8) 9 10
[✓] Upper Back L R B/L 1 2 3 4 5 6 (7) 8 9 10
[✓] Midback L R B/L 1 2 3 4 5 (6) 7 8 9 10
[✓] Low Back L R B/L 1 2 3 4 5 (6) 7 8 9 10
OTHERS:

WORK STATUS: [] Working [] Not Working [] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL:

TREATMENT: [✓] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: AF/D to W/ P C+Th

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [✓] Pain [✓] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [✓] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:
ASSESSMENT: [✓] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [✓] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

______ , DC

DATE: 8/10/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[✓] Neck L R B/L 1 2 3 4 5 6 7 8 9 10
[✓] Upper Back L R B/L 1 2 3 4 5 6 7 8 9 10
[✓] Midback L R B/L 1 2 3 4 5 6 7 8 9 10
[✓] Low Back L R B/L 1 2 3 4 5 6 7 8 9 10
OTHERS:

WORK STATUS: [] Working [] Not Working [] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: AFD Lspine; c-spine / th

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: was treated by NBA's chiropractor. Need surgical consult Dr. Dagan – m/ neck surgery

______ , DC

DATE: 8/14/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[✓] Neck L R (B/L) 1 2 3 4 5 6 (7) 8 9 10
[✓] Upper Back L R (B/L) 1 2 3 4 5 (6) 7 8 9 10
[✓] Midback L R (B/L) 1 2 3 4 (5) 6 7 8 9 10
[✓] Low Back L R (B/L) 1 2 3 4 (5) 6 7 8 9 10
OTHERS:

WORK STATUS: [✓] Working [] Not Working [✓] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL:

TREATMENT: [✓] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: F/D to W/ P Th + c-sp

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [✓] Pain [✓] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [✓] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:
ASSESSMENT: [✓] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [✓] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:
return

______ , DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Hadkira Leacock DATE: 7/30/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

OTHERS: _____

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: MFID to L/S pelvis

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____

ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed

NOTES: _____

_____, DC

DATE: 8/1/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

OTHERS: _____

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: MFID to L/S pelvis

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____

ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed

NOTES: At hot Epidural yesterday

_____, DC

DATE: 8/6/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

OTHERS: _____

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: AFD Lspine.

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____

ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed

NOTES: _____

_____, DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Yadnuue Leacock DATE: 7/20/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[✓] Neck	L	R	B/L	1 2 3 4 5 6 (7) 8 9 10
[✓] Upper Back	L	R	B/L	1 2 3 4 5 6 (7) 8 9 10
[✓] Midback	L	R	B/L	1 2 3 4 5 6 (7) 8 9 10
[✓] Low Back	L	R	B/L	1 2 3 4 5 6 (7) 8 9 10

OTHERS:

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: AFD lcp / pune c-t

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [✓] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [✓] Restricted ROM [✓] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:

ASSESSMENT: [✓] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed

NOTES: Saw Pr. ... ortho. specialist
See Dr. Apply ... for consult
(Pain mgmt)

______ DC

DATE: 7/23/18.

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[✓] Neck	L	R	B/L	1 2 3 4 5 6 (7 8 9) 10
[✓] Upper Back	L	R	B/L	1 2 3 4 5 6 (7 8 9) 10
[] Midback	L	R	B/L	1 2 3 4 5 6 (7 8 9) 10
[✓] Low Back	L	R	B/L	1 2 3 4 5 6 (7 8 9) 10

OTHERS:

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL:

TREATMENT: [✓] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: AFID to Ul pctT

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [✓] Pain [✓] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [✓] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:

ASSESSMENT: [✓] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [✓] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed

NOTES: Pt pain...

______ DC

DATE: 7/25/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[✓] Neck	L	R	(B/L)	1 2 3 4 5 6 7 (8 9) 10
[✓] Upper Back	L	R	(B/L)	1 2 3 4 5 6 (7 8) 9 10
[✓] Midback	L	R	B/L	1 2 3 4 5 6 7 (8) 9 10
[✓] Low Back	L	R	B/L	1 2 3 4 5 6 7 (8-9) 10

OTHERS:

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL:

TREATMENT: [✓] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: AFID to Ul pctT

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [✓] Pain [✓] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [✓] Restricted ROM [✓] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:

ASSESSMENT: [✓] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [✓] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed

NOTES:

______ DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Lyndon Mark Lancock DATE: 7/11/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
OTHERS: _____ RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: F/D to LS/I pelvis

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: Reviewed HEP c.p.p W/ pt with pt

DC

DATE: 7/12/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
OTHERS: _____ RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: AFD

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

DC

DATE: 7/18/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
OTHERS: _____ RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: A/F/D to LS/I pelvis

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Nadiuska Linnock DATE: 7/6/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

OTHERS: _____
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: PFSA

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: MRI cup Klo HNP

_____ DC

DATE: 7/5/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

OTHERS: _____
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: PFA

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: Revised L/S MRI CA—
Comin FD

_____ DC

DATE: 7/3/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

OTHERS: _____
TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance
ADJUSTMENT: PFA

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____ DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Nadirah Lancock DATE: 6/15/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No

OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: A/M

[] Electrical Stimulation x 15' P/I [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:

ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed

NOTES:

DC

DATE: 6/18/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No

OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: A/M

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:

ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed

NOTES:

DC

DATE: 6/18/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE — WORK STATUS:

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No

OTHERS: RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: A/M

[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Manual Therapy x 20'
[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15'

SUBJECTIVE: Patient complaints of : [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:

OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- ____ degrees [] RT SLR +/- ____ degrees OTHERS:

ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed

NOTES:

DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Hadassa Deacock DATE: 6/18/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

OTHERS:

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: PEIM

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS:
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

_____, DC

DATE: 6/21/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

OTHERS:

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: PEIM

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS:
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES:

_____, DC

DATE: 6/22/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

OTHERS:

WORK STATUS:
[] Working [] Not Working
[] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL:

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: PEIM

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS:
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: MP - MMI - bsp

_____, DC

DR. GOTTLIEB, DR. KAPLAN, DR. FAER
CHIROPRACTIC NOTES

PATIENT'S NAME: Hamida Loadeck DATE: 6/15/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

OTHERS: _____

WORK STATUS: [] Working [] Not Working [] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: _____

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____, DC

DATE: 6/14/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

OTHERS: _____

WORK STATUS: [] Working [] Not Working [] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: _____

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____, DC

DATE: 6/15/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM — PAINSCALE

[] Neck	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Upper Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Midback	L	R	B/L	1	2	3	4	5	6	7	8	9	10
[] Low Back	L	R	B/L	1	2	3	4	5	6	7	8	9	10

OTHERS: _____

WORK STATUS: [] Working [] Not Working [] Partial Disability [] Total Disability
STUDENTS ATTENDING: [] Yes [] No
RTW/ SCHOOL: _____

TREATMENT: [] Corrective [] Symptomatic [] Support [] Maintenance

ADJUSTMENT: _____

[] Electrical Stimulation x 15' _____ [] Hot Pack x 15' _____ [] Massage _____ [] Manual Therapy x 20' _____
[] Therex _____ [] Cold Pack x 15' _____ [] Ultrasound x 8' _____ [] Stretching x 15' _____

SUBJECTIVE: Patient complaints of: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS: _____
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness
[] LT SLR +/- _____ degrees [] RT SLR +/- _____ degrees OTHERS: _____
ASSESSMENT: [] Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx
PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed
NOTES: _____

_____, DC

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Hadnure Leacock DATE: 6/28/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	(L) R	[] Hip	L R	OTHERS:
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R	
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R	
[] Lower Back	L R	[] Hand	L R	[] Foot	L R	

PAIN SCALE: 1 2 (3) (4) 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: () Pain () Numbness/ Tingling [] Stiffness [] ADL difficulties
OTHERS: pt c/o intermittent pain L/s ©

OBJECTIVE: patient presents c: () Swelling () Edema () Muscle Spasm () Limitation of Motion () Inflammation () Tenderness () Postural Deviation () Gait Abnormality
OTHERS: Gr. 1 tenderness to L/s © S2

ASSESSMENT: () Patient was able to tolerate tx well () Patient wasn't able to tolerate tx today
OTHERS:

PLAN: () Patient will continue PT as planned () Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

DATE: 7/1/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	(L) R	[] Hip	L R	OTHERS:
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R	
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R	
[] Lower Back	L R	[] Hand	L R	[] Foot	L R	

PAIN SCALE: 1 2 (3) (4) 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: () Pain () Numbness/ Tingling [] Stiffness () ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: () Swelling () Edema () Muscle Spasm () Limitation of Motion () Inflammation () Tenderness () Postural Deviation () Gait Abnormality
OTHERS:

ASSESSMENT: () Patient was able to tolerate tx well () Patient wasn't able to tolerate tx today
OTHERS:

PLAN: () Patient will continue PT as planned () Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

_______, PT

DATE:

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R	
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R	
[] Lower Back	L R	[] Hand	L R	[] Foot	L R	

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: () Pain () Numbness/ Tingling () Stiffness () ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: () Swelling () Edema () Muscle Spasm () Limitation of Motion () Inflammation () Tenderness () Postural Deviation () Gait Abnormality
OTHERS:

ASSESSMENT: () Patient was able to tolerate Tx well () Patient wasn't able to tolerate tx today
OTHERS:

PLAN: () Patient will continue PT as planned () Patient will continue HEP/ HIP as instructedOTHERS:

NOTES:

_______, PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME DATE 6/19/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R | [] Shoulder (L) R | [] Hip L R | OTHERS
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/ Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R
PAIN SCALE: 1 2 3 4 5 6 7 8 9 10
TREATMENT
[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 15' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 15' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x 15' | [] PRE x 15' @ 2lbs | OTHERS:
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'
SUBJECTIVE: Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
OTHERS: constant pain (L) S/L
OBJECTIVE: patient presents c: () Swelling () Edema () Muscle Spasm () Limitation of Motion () Inflammation () Tenderness () Postural Deviation () Gait Abnormality
OTHERS: tenderness (L) S/L
ASSESSMENT: () Patient was able to tolerate tx well () Patient wasn't able to tolerate tx today
OTHERS:
PLAN: () Patient will continue PT as planned () Patient will continue HEP/ HIP as instructed
OTHERS.
NOTES

Larry Brian Serrano PT
NYS Lic # 008525

DATE: 6/21/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R | [] Shoulder (L) R | [] Hip L R | OTHERS:
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/ Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R
PAIN SCALE: 1 2 3 4 5 6 7 8 9 10
TREATMENT:
[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 15' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 15' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' | OTHERS:
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'
SUBJECTIVE: Patient c/o: () Pain () Numbness/ Tingling () Stiffness () ADL difficulties
OTHERS:
OBJECTIVE: patient presents c: () Swelling () Edema () Muscle Spasm () Limitation of Motion () Inflammation () Tenderness () Postural Deviation () Gait Abnormality
OTHERS:
ASSESSMENT: () Patient was able to tolerate tx well () Patient wasn't able to tolerate tx today
OTHERS:
PLAN: () Patient will continue PT as planned () Patient will continue HEP/ HIP as instructed
OTHERS
NOTES:

PT

DATE 6/24/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R | [] Shoulder (L) R | [] Hip L R | OTHERS:
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/ Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R
PAIN SCALE: 1 2 3 4 5 6 7 8 9 10
TREATMENT:
[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 20' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 20' | () Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' | OTHERS:
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'
SUBJECTIVE: Patient c/o: () Pain () Numbness/ Tingling () Stiffness () ADL difficulties
OTHERS:
OBJECTIVE: patient presents c: () Swelling () Edema () Muscle Spasm () Limitation of Motion () Inflammation () Tenderness () Postural Deviation () Gait Abnormality
OTHERS:
ASSESSMENT: () Patient was able to tolerate Tx well () Patient wasn't able to tolerate tx today
OTHERS:
PLAN: () Patient will continue PT as planned () Patient will continue HEP/ HIP as instructed
OTHERS:
NOTES:

PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Haelmura Vaca   DATE: 6/12/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R   [] Shoulder (L) R   [] Hip L R   OTHERS:
[] Upper Back L R   [] Elbow L R   [] Knee L R
[] Midback L R   [] Wrist L R   [] Ankle/ Heel L R
[] Lower Back L R   [] Hand L R   [] Foot L R
PAIN SCALE: 1 2 (3) (4) 5 6 7 8 9 10
TREATMENT:
[] Hot Pack x 15'   [] Electrical Stimulation x 15'   [] Active ROME x 15'   [] Balance x 15'
[] Cold Pack x 15'   [] TENS x 15'   [] Active Assistive ROME x 15'   [] Gait Training x 15'
[] Ultrasound x 8'   [] Manual Therapy x15'   [] PRE x 15' @ 2lbs Flex/Abd   OTHERS:
[] PWB x 15'   [] Passive ROME x 15'   [] Stretching x 15'
SUBJECTIVE: Patient c/o: () Pain   () Stiffness
() Numbness/ Tingling   () ADL difficulties
OTHERS:
OBJECTIVE: patient presents c: () Swelling   () Muscle Spasm   () Inflammation   () Postural Deviation
() Edema   () Limitation of Motion   () Tenderness   () Gait Abnormality
OTHERS:
ASSESSMENT: () Patient was able to tolerate tx well   () Patient wasn't able to tolerate tx today
OTHERS:
PLAN: () Patient will continue PT as planned   () Patient will continue HEP/ HIP as instructed
OTHERS: Pronos Xiasysxosx [illegible]
NOTES: UBEX /2'

Larry Brian Serrano PTA
NYS Lic # 008525

DATE: 6/14/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R   [] Shoulder (L) R   [] Hip L R   OTHERS:
[] Upper Back L R   [] Elbow L R   [] Knee L R
[] Midback L R   [] Wrist L R   [] Ankle/ Heel L R
[] Lower Back L R   [] Hand L R   [] Foot L R
PAIN SCALE: 1 2 (3) (4) 5 6 7 8 9 10
TREATMENT:
[] Hot Pack x 15'   [] Electrical Stimulation x 15'   [] Active ROME x 15'   [] Balance x 15'
[] Cold Pack x 15'   [] TENS x 15'   [] Active Assistive ROME x 15'   [] Gait Training x 15'
[] Ultrasound x 8'   [] Manual Therapy x15'   [] PRE x 15'   OTHERS:
[] PWB x 15'   [] Passive ROME x 15'   [] Stretching x 15'
SUBJECTIVE: Patient c/o: () Pain   () Stiffness
() Numbness/ Tingling   () ADL difficulties
OTHERS:
OBJECTIVE: patient presents c: () Swelling   () Muscle Spasm   () Inflammation   () Postural Deviation
() Edema   () Limitation of Motion   () Tenderness   () Gait Abnormality
OTHERS:
ASSESSMENT: () Patient was able to tolerate tx well   () Patient wasn't able to tolerate tx today
OTHERS:
PLAN: () Patient will continue PT as planned   () Patient will continue HEP/ HIP as instructed
OTHERS:
NOTES:

PT

DATE: 6/17/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R   [] Shoulder (L) R   [] Hip L R   OTHERS:
[] Upper Back L R   [] Elbow L R   [] Knee L R
[] Midback L R   [] Wrist L R   [] Ankle/ Heel L R
[] Lower Back L R   [] Hand L R   [] Foot L R
PAIN SCALE: 1 2 (3) (4) 5 6 7 8 9 10
TREATMENT:
[] Hot Pack x 15'   [] Electrical Stimulation x 15'   [] Active ROME x 20'   [] Balance x 15'
[] Cold Pack x 15'   [] TENS x 15'   [] Active Assistive ROME x 20'   [] Gait Training x 15'
[] Ultrasound x 8'   [] Manual Therapy x15'   [] PRE x 15' @ 2lbs flex/abd   OTHERS:
[] PWB x 15'   [] Passive ROME x 15'   [] Stretching x 15'
SUBJECTIVE: Patient c/o: () Pain   () Stiffness
() Numbness/ Tingling   () ADL difficulties
OTHERS:
OBJECTIVE: patient presents c: () Swelling   () Muscle Spasm   () Inflammation   () Postural Deviation
() Edema   () Limitation of Motion   () Tenderness   () Gait Abnormality
OTHERS:
ASSESSMENT: () Patient was able to tolerate Tx well   () Patient wasn't able to tolerate tx today
OTHERS:
PLAN: () Patient will continue PT as planned   () Patient will continue HEP/ HIP as instructed
OTHERS: Pronos xiasxosys [illegible]
NOTES: UBEX /2'

Larry Brian Serrano PTA
NYS Lic # 008525

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Gladimir Locircol DATE: 5/24/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R | [] Shoulder L R | [] Hip L R | OTHERS:
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/ Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:
[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 15' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 15' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' @ 2 lbs | OTHERS:
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'

SUBJECTIVE: Patient c/o: () Pain () Stiffness () Numbness/ Tingling () ADL difficulties OTHERS:

OBJECTIVE: patient presents c: () Swelling () Edema () Muscle Spasm () Limitation of Motion () Inflammation () Tenderness () Postural Deviation () Gait Abnormality OTHERS:

ASSESSMENT: () Patient was able to tolerate tx well () Patient wasn't able to tolerate tx today
OTHERS:

PLAN: () Patient will continue PT as planned () Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525

DATE: 5/28/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R | [] Shoulder L R | [] Hip L R | OTHERS:
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/ Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:
[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 15' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 15' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' | OTHERS:
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'

SUBJECTIVE: Patient c/o: () Pain () Stiffness () Numbness/ Tingling () ADL difficulties OTHERS:

OBJECTIVE: patient presents c: () Swelling () Edema () Muscle Spasm () Limitation of Motion () Inflammation () Tenderness () Postural Deviation () Gait Abnormality OTHERS:

ASSESSMENT: () Patient was able to tolerate tx well () Patient wasn't able to tolerate tx today
OTHERS:

PLAN: () Patient will continue PT as planned () Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

PT

DATE: 5/30/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R | [] Shoulder L R | [] Hip L R | OTHERS:
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/ Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:
[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 20' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 20' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' @ 2 lbs | OTHERS:
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'

SUBJECTIVE: Patient c/o: () Pain () Stiffness () Numbness/ Tingling () ADL difficulties
OTHERS: Pt c/o intermittent pain of the (L) Sh

OBJECTIVE: patient presents c: () Swelling () Edema () Muscle Spasm () Limitation of Motion () Inflammation () Tenderness () Postural Deviation () Gait Abnormality
OTHERS: gr 1 tenderness of the (L) Sh

ASSESSMENT: () Patient was able to tolerate Tx well () Patient wasn't able to tolerate tx today
OTHERS:

PLAN: () Patient will continue PT as planned () Patient will continue HEP/ HIP as instructed
OTHERS: [illegible]
NOTES: [illegible]

Larry Brian Serrano PTA
NYS Lic # 008525 PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME Herdonia Leacock DATE 5/10/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R | [] Shoulder (L) R | [] Hip L R | OTHERS: ____
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/ Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R
PAIN SCALE: 1 2 (3)—(4) 5 6 7 8 9 10
TREATMENT:
[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 15' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 15' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' c̄ 2 lbs | OTHERS: ____
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'
SUBJECTIVE: Patient c/o: () Pain () Stiffness () Numbness/ Tingling () ADL difficulties OTHERS: ____
OBJECTIVE: patient presents c: () Swelling () Edema () Muscle Spasm () Limitation of Motion () Inflammation () Tenderness () Postural Deviation () Gait Abnormality OTHERS: ____
ASSESSMENT: () Patient was able to tolerate tx well () Patient wasn't able to tolerate tx today OTHERS: ____
PLAN: () Patient will continue PT as planned () Patient will continue HEP/ HIP as instructed
OTHERS: ____
NOTES: ____

Larry Brian Serrano PTA
NYS Lic # 008525 PT

DATE: 5/13/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R | [] Shoulder (L) R | [] Hip L R | OTHERS: ____
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/ Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R
PAIN SCALE: 1 2 (3)—(4) 5 6 7 8 9 10
TREATMENT:
[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 15' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 15' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' | OTHERS: ____
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'
SUBJECTIVE: Patient c/o: () Pain () Stiffness () Numbness/ Tingling () ADL difficulties OTHERS: ____
OBJECTIVE: patient presents c: () Swelling () Edema () Muscle Spasm () Limitation of Motion () Inflammation () Tenderness () Postural Deviation () Gait Abnormality OTHERS: ____
ASSESSMENT: () Patient was able to tolerate tx well () Patient wasn't able to tolerate tx today OTHERS: ____
PLAN: () Patient will continue PT as planned () Patient will continue HEP/ HIP as instructed
OTHERS: ____
NOTES: ____

Larry Brian Serrano PTA
NYS Lic # 008525 PT

DATE 5/20/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R | [] Shoulder (L) R | [] Hip L R | OTHERS: ____
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/ Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R
PAIN SCALE: 1 2 (3)—(4) 5 6 7 8 9 10
TREATMENT:
[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 20' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 20' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' @ 2 lbs | OTHERS: ____
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'
SUBJECTIVE: Patient c/o: () Pain () Stiffness () Numbness/ Tingling () ADL difficulties OTHERS: ____
OBJECTIVE: patient presents c: () Swelling () Edema () Muscle Spasm () Limitation of Motion () Inflammation () Tenderness () Postural Deviation () Gait Abnormality OTHERS: ____
ASSESSMENT: () Patient was able to tolerate Tx well () Patient wasn't able to tolerate tx today OTHERS: ____
PLAN: () Patient will continue PT as planned () Patient will continue HEP/ HIP as instructed
OTHERS: ____
NOTES: ____

Larry Brian Serrano PTA
NYS Lic # 008525 PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Jadmire Leacock DATE: 5/3/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 (4) 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS: Resume as in progress

NOTES:

Larry Brian Serrano PT
NYS Lic # 008525

DATE: 5/6/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	(L) R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 (3) (4) 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15' (2 lbs x 2 sets x 10)	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS: Max 15

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

DATE: 5/8/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	(L) R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 (3) 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15' (2 lbs x 2 sets x 10)	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate Tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Vadimira Leacock DATE: 4/15/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:			
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R				
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R				
[] Lower Back	L R	[] Hand	L R	[] Foot	L R				

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

DATE: 4/19/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:			
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R				
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R				
[] Lower Back	L R	[] Hand	L R	[] Foot	L R				

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

PT

DATE: 4/26/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS			
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R				
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R				
[] Lower Back	L R	[] Hand	L R	[] Foot	L R				

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS

ASSESSMENT: [] Patient was able to tolerate Tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Hadnua Leacock DATE: 4/8/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R | [] Shoulder (L) R | [] Hip L R | OTHERS
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/ Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R
PAIN SCALE: 1 2 3 4 (5) (6) 7 8 9 10
TREATMENT:
[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 15' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 15' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' @ 2lbs (abd, flex) | OTHERS:
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'
SUBJECTIVE: Patient c/o: () Pain | () Stiffness
() Numbness/ Tingling | () ADL difficulties
OTHERS:
OBJECTIVE: patient presents c: () Swelling | () Muscle Spasm | () Inflammation | () Postural Deviation
() Edema | () Limitation of Motion | () Tenderness | () Gait Abnormality
OTHERS:
ASSESSMENT: () Patient was able to tolerate tx well | () Patient wasn't able to tolerate tx today
OTHERS:
PLAN: () Patient will continue PT as planned | () Patient will continue HEP/ HIP as instructed
OTHERS: UBX 15'
NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525

DATE: 4/10/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R | [] Shoulder (L) R | [] Hip L R | OTHERS:
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/ Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R
PAIN SCALE: 1 2 3 4 (5) (6) 7 8 9 10
TREATMENT:
[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 15' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 15' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' @ 2lbs PR | OTHERS:
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'
SUBJECTIVE: Patient c/o: () Pain | () Stiffness
() Numbness/ Tingling | () ADL difficulties
OTHERS:
OBJECTIVE: patient presents c: () Swelling | () Muscle Spasm | () Inflammation | () Postural Deviation
() Edema | () Limitation of Motion | () Tenderness | () Gait Abnormality
OTHERS:
ASSESSMENT: () Patient was able to tolerate tx well | () Patient wasn't able to tolerate tx today
OTHERS:
PLAN: () Patient will continue PT as planned | () Patient will continue HEP/ HIP as instructed
OTHERS: UBX 15'
NOTES: pulley [illegible]

Larry Brian Serrano PTA
NYS Lic # 008525 PT

DATE: 4/12/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R | [] Shoulder (L) R | [] Hip L R | OTHERS:
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/ Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R
PAIN SCALE: 1 2 3 4 (5) 6 7 8 9 10
TREATMENT:
[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 20' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 20' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' @ 2lbs DB | OTHERS:
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'
SUBJECTIVE: Patient c/o: () Pain | () Stiffness
() Numbness/ Tingling | () ADL difficulties
OTHERS:
OBJECTIVE: patient presents c: () Swelling | () Muscle Spasm | () Inflammation | () Postural Deviation
() Edema | () Limitation of Motion | () Tenderness | () Gait Abnormality
OTHERS:
ASSESSMENT: () Patient was able to tolerate Tx well | () Patient wasn't able to tolerate tx today
OTHERS:
PLAN: () Patient will continue PT as planned | () Patient will continue HEP/ HIP as instructed
OTHERS: UBX 15'
NOTES: pulley [illegible]

Larry Brian Serrano PTA
NYS Lic # 008525 PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Hadmir Leacock DATE: 3/20/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L (R)	[] Hip	L R	OTHERS:			
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R				
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R				
[] Lower Back	L R	[] Hand	L R	[] Foot	L R				

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROM x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROM x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15' @ 2 lbs DB (Hip/Ab)	OTHERS:
[] PWB x 15'	[] Passive ROM x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS: CBX / R

NOTES: pulley exer

Larry Brian Serrano PTA
NYS Lic # 008525 PT

DATE: 4/1/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	(L) R	[] Hip	L R	OTHERS:			
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R				
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R				
[] Lower Back	L R	[] Hand	L R	[] Foot	L R				

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROM x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROM x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15' @ 2lbs DB (Hip/Ab)	OTHERS:
[] PWB x 15'	[] Passive ROM x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS: CBX / R

NOTES: pulley exer

Larry Brian Serrano PTA
NYS Lic # 008525 PT

DATE: 4/15/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	(L) R	[] Hip	L R	OTHERS:			
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R				
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R				
[] Lower Back	L R	[] Hand	L R	[] Foot	L R				

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROM x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROM x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15' @ 2lbs X Ab/Hip/Hip	OTHERS:
[] PWB x 15'	[] Passive ROM x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate Tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed OTHERS: CBX / R

NOTES:

Larry Brian Serrano PTA No.
NYS Lic # 008525 PT

MILL BASIN MULTI-MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Yadmure Leacock DATE: 3/8/18.

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R | [] Shoulder L R | [] Hip L R | OTHERS:
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/ Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:
[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 15' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 15' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' | OTHERS:
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'

SUBJECTIVE: Patient c/o: () Pain () Stiffness () Numbness/ Tingling () ADL difficulities OTHERS:

OBJECTIVE: patient presents c: () Swelling () Edema () Muscle Spasm () Limitation of Motion () Inflammation () Tenderness () Postural Deviation () Gait Abnormality OTHERS:

ASSESSMENT: () Patient was able to tolerate tx well () Patient wasn't able to tolerate tx today
OTHERS:

PLAN: () Patient will continue PT as planned () Patient will continue HEP/ HIP as instructed
OTHERS: Pulley [illegible] x 15'
NOTES: [illegible] 3/21/18

Larry Brian Serrano PTA
NYS Lic # 008525

DATE: 3/15/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R | [] Shoulder L R | [] Hip L R | OTHERS:
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/ Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:
[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 15' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 15' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' | OTHERS:
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'

SUBJECTIVE: Patient c/o: () Pain () Stiffness () Numbness/ Tingling () ADL difficulties OTHERS:

OBJECTIVE: patient presents c: () Swelling () Edema () Muscle Spasm () Limitation of Motion () Inflammation () Tenderness () Postural Deviation () Gait Abnormality OTHERS:

ASSESSMENT: () Patient was able to tolerate tx well () Patient wasn't able to tolerate tx today
OTHERS:

PLAN: () Patient will continue PT as planned () Patient will continue HEP/ HIP as instructed
OTHERS: Pulley [illegible]
NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525, PT

DATE: 3/8/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R | [] Shoulder L R | [] Hip L R | OTHERS:
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/ Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:
[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 20' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 20' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' | OTHERS:
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'

SUBJECTIVE: Patient c/o: () Pain () Stiffness () Numbness/ Tingling () ADL difficulties OTHERS:

OBJECTIVE: patient presents c: () Swelling () Edema () Muscle Spasm () Limitation of Motion () Inflammation () Tenderness () Postural Deviation () Gait Abnormality OTHERS:

ASSESSMENT: () Patient was able to tolerate Tx well () Patient wasn't able to tolerate tx today
OTHERS:

PLAN: () Patient will continue PT as planned () Patient will continue HEP/ HIP as instructed
OTHERS: Pulley [illegible]
NOTES: [illegible] x 15'

Larry Brian Serrano PTA
NYS Lic # 008525, PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Adnive Cerezo DATE: 1/4/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

DATE: 1/4/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

DATE: 1/14/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate Tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Hadmera Leacock DATE: 1/28/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

PT DATE: 1/2/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 006525
PT
DATE: 1/9/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate Tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 006525
PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Vadnie Isaac DATE: 11/6/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R	
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R	
[] Lower Back	L R	[] Hand	L R	[] Foot	L R	

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525

DATE: 11/14/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R	
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R	
[] Lower Back	L R	[] Hand	L R	[] Foot	L R	

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

DATE: 11/21/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R	
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R	
[] Lower Back	L R	[] Hand	L R	[] Foot	L R	

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate Tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Hadwig Leacock DATE: 10/29/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation [] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

DATE: 10/30/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation [] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

PT

DATE: 11/7/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation [] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate Tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Hadmira Leacock DATE: 10/22/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck L R	[] Shoulder L R		[] Hip L R	OTHERS:		
[] Upper Back L R	[] Elbow L R		[] Knee L R			
[] Midback L R	[] Wrist L R		[] Ankle/ Heel L R			
[] Lower Back L R	[] Hand L R		[] Foot L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

NOTES:

DATE: 10/25/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck L R	[] Shoulder L R		[] Hip L R	OTHERS:		
[] Upper Back L R	[] Elbow L R		[] Knee L R			
[] Midback L R	[] Wrist L R		[] Ankle/ Heel L R			
[] Lower Back L R	[] Hand L R		[] Foot L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS: A/o new complaint today

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

PT

DATE: 10/29/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck L R	[] Shoulder L R		[] Hip L R	OTHERS:		
[] Upper Back L R	[] Elbow L R		[] Knee L R			
[] Midback L R	[] Wrist L R		[] Ankle/ Heel L R			
[] Lower Back L R	[] Hand L R		[] Foot L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate Tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

NOTES:

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: [illegible] DATE: 10/12/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R	
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R	
[] Lower Back	L R	[] Hand	L R	[] Foot	L R	

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525

DATE 10/16/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R	
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R	
[] Lower Back	L R	[] Hand	L R	[] Foot	L R	

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

.PT

DATE: 10/16/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R	
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R	
[] Lower Back	L R	[] Hand	L R	[] Foot	L R	

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate Tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Nn

PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Hadassa Isaacson DATE: 9/24/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS: R shoulder pain

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS: R shoulder tenderness

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

DATE: 9/26/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

DATE: 10/10/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate Tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Hedwiga Leocadi DATE: 9/14/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525
PT

DATE: 9/14/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
OTHERS: No new complaints today

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525
PT

DATE: 9/20/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate Tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Nn
PT

ATLANTIC BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Hadwina Peacock DATE: 9/6/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES: _____ PT

DATE: 9/7/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES: _____ PT

DATE: 9/12/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE. Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate Tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed OTHERS:

Larry Brian Serrano PTA
NYS Lic # 008525

NOTES: _____ PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Hadmia Leacock DATE: 8/29/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck L R | [] Shoulder L R | [] Hip L R | OTHERS:
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/ Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 15' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 15' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' | OTHERS:
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS: No new complaints today

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

DATE: 8/31/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck L R | [] Shoulder L R | [] Hip L R | OTHERS:
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/ Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 15' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 15' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' | OTHERS:
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

DATE: 9/5/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck L R | [] Shoulder L R | [] Hip L R | OTHERS:
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/ Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 20' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 20' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' | OTHERS:
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate Tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Hadnue Leacock DATE: 8/23/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties

OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation [] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality

OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today

OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed

OTHERS:

NOTES:

PT

DATE: 8/24/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties

OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation [] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality

OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today

OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed

OTHERS:

NOTES:

PT

DATE: 8/27/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties

OTHERS: pt's intermittent pain of the (L) S1

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation [] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality

OTHERS: pt's tenderness of the (L) S1

ASSESSMENT: [] Patient was able to tolerate Tx well [] Patient wasn't able to tolerate tx today

OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed

OTHERS:

NOTES:

PT

HILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Hadnua Leacock DATE: 8/6/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R	
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R	
[] Lower Back	L R	[] Hand	L R	[] Foot	L R	

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS: Pt has intermittent pain of the (R) Sh. & (L) foot

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS: Pt tenderness of the (L) Sh. area

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

DATE: 8/11/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R	
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R	
[] Lower Back	L R	[] Hand	L R	[] Foot	L R	

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS: Pt new c/o today

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

DATE: 8/22/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R	
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R	
[] Lower Back	L R	[] Hand	L R	[] Foot	L R	

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Heidmie Leacock DATE: 7/30/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525
DATE 8/1/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525
DATE 8/3/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Hadiya Leacock DATE: 7/20/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROM x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROM x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROM x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS: pt is intermittent pain in the R foot

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS: mm & tenderness of the R foot mm

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525

DATE: 7/23/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROM x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROM x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROM x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS: no new complaints today

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525

DATE: 7/27/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROM x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROM x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROM x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

PT

PATIENT'S NAME: Hadune Leacock

BASIN MULTI-MEDICINE & REHABILITATION
• PHYSICAL THERAPY NOTES

DATE: 7/11/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R | [] Shoulder L R | [] Hip L R | OTHERS:
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R
PAIN SCALE: 1 2 3 4 5 6 7 8 9 10
TREATMENT:
[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 15' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 15' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' | OTHERS:
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'
SUBJECTIVE: Patient c/o: () Pain () Stiffness () Numbness/ Tingling () ADL difficulties OTHERS:
OBJECTIVE: patient presents c: () Swelling () Edema () Muscle Spasm () Limitation of Motion () Inflammation () Tenderness () Postural Deviation () Gait Abnormality OTHERS:
ASSESSMENT: () Patient was able to tolerate tx well () Patient wasn't able to tolerate tx today
OTHERS:
PLAN: () Patient will continue PT as planned () Patient will continue HEP/ HIP as instructed
OTHERS:
NOTES:

PT

DATE: 7/12/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R | [] Shoulder L R | [] Hip L R | OTHERS:
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R
PAIN SCALE: 1 2 3 4 5 6 7 8 9 10
TREATMENT:
[] Hot Pack x 15' | [] Electrical Stimulation x 15' | [] Active ROME x 15' | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 15' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' | OTHERS:
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'
SUBJECTIVE: Patient c/o: () Pain () Stiffness () Numbness/ Tingling () ADL difficulties OTHERS:
OBJECTIVE: patient presents c: () Swelling () Edema () Muscle Spasm () Limitation of Motion () Inflammation () Tenderness () Postural Deviation () Gait Abnormality OTHERS:
ASSESSMENT: () Patient was able to tolerate tx well () Patient wasn't able to tolerate tx today
OTHERS:
PLAN: () Patient will continue PT as planned () Patient will continue HEP/ HIP as instructed
OTHERS:
NOTES:

PT

DATE: 7/18/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:
[] Neck L R | [] Shoulder L R | [] Hip L R | OTHERS:
[] Upper Back L R | [] Elbow L R | [] Knee L R
[] Midback L R | [] Wrist L R | [] Ankle/Heel L R
[] Lower Back L R | [] Hand L R | [] Foot L R
PAIN SCALE: 1 2 3 4 5 6 7 8 9 10
TREATMENT:
[] Hot Pack x 15' | [] Electrical Stimulation x 15' SL | [] Active ROME x 20' Act | [] Balance x 15'
[] Cold Pack x 15' | [] TENS x 15' | [] Active Assistive ROME x 20' | [] Gait Training x 15'
[] Ultrasound x 8' | [] Manual Therapy x15' | [] PRE x 15' | OTHERS:
[] PWB x 15' | [] Passive ROME x 15' | [] Stretching x 15'
SUBJECTIVE: Patient c/o: () Pain () Stiffness () Numbness/ Tingling () ADL difficulties OTHERS: M. Num c/o friday
OBJECTIVE: patient presents c: () Swelling () Edema () Muscle Spasm () Limitation of Motion () Inflammation () Tenderness () Postural Deviation () Gait Abnormality OTHERS:
ASSESSMENT () Patient was able to tolerate tx well () Patient wasn't able to tolerate tx today
OTHERS:
PLAN: () Patient will continue PT as planned () Patient will continue HEP/ HIP as instructed
OTHERS:
NOTES:

Larry Brian Serrano PTA
NYS Lic # 008526

_______, PT

MILL BASIN MULTI MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Hadmina Leacock DATE: 7/2/19

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

{} Neck	L R	{} Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

{} Hot Pack x 15'	{} Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
{} Ultrasound x 8'	{} Manual Therapy x15'	[] PRE x 15'	OTHERS
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: {} Pain [] Stiffness {} Numbness/ Tingling {} ADL difficulties OTHERS:

OBJECTIVE: patient presents c: () Swelling () Muscle Spasm () Inflammation () Postural Deviation () Edema () Limitation of Motion () Tenderness () Gait Abnormality OTHERS:

ASSESSMENT: {} Patient was able to tolerate tx well () Patient wasn't able to tolerate tx today OTHERS:

PLAN: {} Patient will continue PT as planned {} Patient will continue HEP/ HIP as instructed OTHERS:

NOTES:

PT

DATE:

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	{} Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

{} Hot Pack x 15'	{} Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	{} Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: {} Pain [] Stiffness {} Numbness/ Tingling () ADL difficulties OTHERS:

OBJECTIVE: patient presents c: () Swelling () Muscle Spasm () Inflammation () Postural Deviation () Edema {} Limitation of Motion {} Tenderness () Gait Abnormality OTHERS:

ASSESSMENT: {} Patient was able to tolerate tx well () Patient wasn't able to tolerate tx today OTHERS:

PLAN: {} Patient will continue PT as planned {} Patient will continue HEP/ HIP as instructed OTHERS:

NOTES:

PT

DATE: 7/2/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	{} Shoulder	L R	[] Hip	L R	OTHERS:		
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R			
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R			
[] Lower Back	L R	[] Hand	L R	[] Foot	L R			

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

{} Hot Pack x 15'	{} Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	{} Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: {} Pain [] Stiffness () Numbness/ Tingling {} ADL difficulties OTHERS: pt c/o constant pain of the (L) SI

OBJECTIVE: patient presents c: () Swelling () Muscle Spasm () Inflammation () Postural Deviation () Edema {} Limitation of Motion {} Tenderness {} Gait Abnormality OTHERS: tight & tenderness of the (L) SI area

ASSESSMENT: {} Patient was able to tolerate tx well () Patient wasn't able to tolerate tx today OTHERS:

PLAN: {} Patient will continue PT as planned {} Patient will continue HEP/ HIP as instructed OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525
PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Hadnia Leacock DATE: 6/25/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:			
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R				
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R				
[] Lower Back	L R	[] Hand	L R	[] Foot	L R				

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation [] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

PT
DATE: 6/27/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:			
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R				
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R				
[] Lower Back	L R	[] Hand	L R	[] Foot	L R				

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation [] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

PT
DATE: 6/29/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:			
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R				
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R				
[] Lower Back	L R	[] Hand	L R	[] Foot	L R				

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness [] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation [] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Hadhira Leacock DATE 6/18/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck L R	[] Shoulder L R	[] Hip L R	OTHERS:
[] Upper Back L R	[] Elbow L R	[] Knee L R	
[] Midback L R	[] Wrist L R	[] Ankle/ Heel L R	
[] Lower Back L R	[] Hand L R	[] Foot L R	

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

DATE: 6/21/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck L R	[] Shoulder L R	[] Hip L R	OTHERS:
[] Upper Back L R	[] Elbow L R	[] Knee L R	
[] Midback L R	[] Wrist L R	[] Ankle/ Heel L R	
[] Lower Back L R	[] Hand L R	[] Foot L R	

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

PT

DATE: 6/22/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck L R	[] Shoulder L R	[] Hip L R	OTHERS:
[] Upper Back L R	[] Elbow L R	[] Knee L R	
[] Midback L R	[] Wrist L R	[] Ankle/ Heel L R	
[] Lower Back L R	[] Hand L R	[] Foot L R	

PAIN SCALE: 1 2 3 4 5 6 7 8 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS: [illegible]

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS: [illegible]

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

Larry Brian Serrano PTA
NYS Lic # 008525 PT

PT

MILL BASIN MULTI- MEDICINE & REHABILITATION
PHYSICAL THERAPY NOTES

PATIENT'S NAME: Holmes Leacock DATE 6/13/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS: (L) mid arch (foot)
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R	
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R	
[] Lower Back	L R	[] Hand	L R	[] Foot	L R	

PAIN SCALE: 1 2 3 4 5 6 7 (8) 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS: constant throbbing/shooting pain (L) Sh & (L) foot (mid arch)

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS: gr 3 tenderness (L) Sh & (L) foot (mid arch)

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

J. Mackay PT

DATE 6/14/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS: (L) mid arch
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R	
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R	
[] Lower Back	L R	[] Hand	L R	[] Foot	L (R)	

PAIN SCALE: 1 2 3 4 5 6 (8) 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS: constant throbbing/shooting pain (L) Sh & (L) foot (mid arch)

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS: gr 3 tenderness (L) Sh & (L) foot (mid arch)

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as instructed
OTHERS:

NOTES:

J. Mackay PT

DATE 6/15/18

AREA OF PATIENT'S COMPLAINT/ PROBLEM:

[] Neck	L R	[] Shoulder	L R	[] Hip	L R	OTHERS:
[] Upper Back	L R	[] Elbow	L R	[] Knee	L R	
[] Midback	L R	[] Wrist	L R	[] Ankle/ Heel	L R	
[] Lower Back	L R	[] Hand	L R	[] Foot	L (R)	

PAIN SCALE: 1 2 3 4 5 6 7 (8) 9 10

TREATMENT:

[] Hot Pack x 15'	[] Electrical Stimulation x 15'	[] Active ROME x 20'	[] Balance x 15'
[] Cold Pack x 15'	[] TENS x 15'	[] Active Assistive ROME x 20'	[] Gait Training x 15'
[] Ultrasound x 8'	[] Manual Therapy x15'	[] PRE x 15'	OTHERS:
[] PWB x 15'	[] Passive ROME x 15'	[] Stretching x 15'	

SUBJECTIVE: Patient c/o: [] Pain [] Stiffness
[] Numbness/ Tingling [] ADL difficulties
OTHERS:

OBJECTIVE: patient presents c: [] Swelling [] Muscle Spasm [] Inflammation [] Postural Deviation
[] Edema [] Limitation of Motion [] Tenderness [] Gait Abnormality
OTHERS:

ASSESSMENT: [] Patient was able to tolerate tx well [] Patient wasn't able to tolerate tx today
OTHERS:

PLAN: [] Patient will continue PT as planned [] Patient will continue HEP/ HIP as
instructedOTHERS:

NOTES:

Nn

J. Mackay PT

8/22/18 4:13 pm

NITIN D. NARKHEDE, M.D.
2378A Ralph Avenue
Brooklyn, NY 11234

Patient: Leacock, Hadmira **Age/DOB:** 43 **Physician:** Narkhede
Sex: Female

Patient History:
Patient complains of neck pain radiating to the left upper extremity.

Physical Examination:
Decreased range of motion of cervical spine. Cervical paravertebrals tender to palpation. Muscle strength is 4/5 in the left shoulder. Sensation and reflexes are intact.

Test Procedures of Nerve Conduction:

UPPER EXTREMITIES

Median Nerve:
Median **MOTOR** conduction studies are performed with distal and proximal stimulation sites at the wrist and elbow, respectively. Pick up surface electrode is placed over the midpoint of the abductor pollicis brevis, 7cm from the distal stimulation site.

Nerve conduction velocity, distal latency and response amplitudes are measured and recorded.

Median **SENSORY** nerve conduction studies are performed antidromically, with stimulation site at the wrist. Active recording electrode is placed around the proximal phalanx of the index finger, 14 cm from the stimulation site.

Distal latency, nerve conduction velocity and response amplitudes are measured and recorded.

Ulnar Nerve
Ulnar **MOTOR** nerve conduction studies are performed with distal and proximal stimulation sites at the wrist and elbow, respectively.

Pick up surface electrode is placed over midpoint of abductor digiti quinti, 7cm from the distal stimulation site.

Nerve conduction velocity, distal latency and response amplitudes are measured and recorded.

Ulnar **SENSORY** nerve conduction studies are performed antidromically, with stimulation sites at the wrist. Active recording electrode is placed around the proximal phalanx of the little finger, 14 cm from the stimulation site.

Nerve conduction velocity, distal latency and response amplitudes are measured and recorded.

Test Procedures for Elicitation of F-Waves and H-Reflexes:

Median and ulnar nerve **F-WAVE LATENCIES** are elicited by stimulation above the wrist, (cathode proximal to anode), and placement of active recording electrodes at midpoints of abductor pollicis brevis and abductor digiti quinti, respectively.

Patient: Leacock, Hadmira **Age/DOB:** 43 **Physician:** Narkhede
Sex: Female

Test Procedure of Needle EMG:

Monopolar needle electrodes are used to elicit electrical potentials during the insertion phase, while the muscle is at rest and completely relaxed, followed by voluntary contraction. Test results are recorded in tabular data format.

Nerve Conduction Report:

Motor Nerves

Nerve	Site	Onset Lat (ms)	Amplitude	Duration (ms)	Seg Name	Delta (ms)	Distance (cm)	Velocity (m/s)
L Median	APB		O-P (mV)	Neg				
	Wrist	3.05	4.25	6.52	Elbow-Wrist	4.03	25.00	62.0
	Elbow	7.09	3.49	6.89				
R Median	APB		O-P (mV)	Neg				
	Wrist	2.91	2.86	6.33	Elbow-Wrist	4.41	25.00	56.7
	Elbow	7.31	2.93	6.56				
L Ulnar	ADM		O-P (mV)	Neg				
	Wrist	2.11	8.42	4.59	Elbow-Wrist	4.59	22.00	47.9
	Elbow	6.70	1.85	5.86				
R Ulnar	ADM		O-P (mV)	Neg				
	Wrist	2.06	5.60	-----	Elbow-Wrist	4.88	22.00	45.1
	Elbow	6.94	2.73	-----				

Sensory Nerves

Nerve	Site	Onset Lat (ms)	Peak Lat (ms)	Amplitude	Duration (ms)	Seg Name	Delta (ms)	Distance (cm)	Velocity (m/s)
L Median	2ndDig			P-T (µV)	Neg				
	Wrist	1.88	2.53	93.13	1.00	Wrist-2ndDig	1.88	14.00	74.7
R Median	2ndDig			P-T (µV)	Neg				
	Wrist	1.97	2.44	71.25	0.91	Wrist-2ndDig	1.97	14.00	71.1
L Radial	IDI			P-T (µV)	Neg				
	Wrist	1.72	1.97	21.89	0.47	Wrist-IDI	1.72	14.00	81.5
R Radial	IDI			P-T (µV)	Neg				
	Wrist	1.69	2.06	8.26	-----	Wrist-IDI	1.69	14.00	83.0
L Ulnar	5thDig			P-T (µV)	Neg				
	Wrist	2.19	2.59	17.52	0.78	Wrist-5thDig	2.19	14.00	64.0
R Ulnar	5thDig			P-T (µV)	Neg				
	Wrist	2.75	4.00	144.8	1.97	Wrist-5thDig	2.75	14.00	50.9

Patient: Leacock, Hadmira **Age/DOB:** 43 **Physician:** Narkhede
Sex: Female

F/H Report:

Nerve	Muscle	Lat1 (ms)	Lat2 (ms)	Lat2 - Lat1 (ms)	Amplitude (μV)
L Median F	APB	25.00		25.00	
R Median F	APB	25.00		25.00	
L Ulnar F	ADM	24.22		24.22	
R Ulnar F	ADM	25.31		25.31	

EMG Report:

Side	Muscle	Nerve	Root	INS	FIBS	FASIC	FSW	AMP	POLYPH	INT PATTERN	COMMENT
L	1stDorint	Ulnar	C8-T1	Nml	0	0	0	Nml	Normal	Complete	
L	APB	Median	C8-T1	Nml	0	0	0	Nml	Normal	Complete	
L	Biceps	Musc	C5-6	Nml	1+	0	1+	Nml	Normal	Complete	
L	CervParaC4-5	Rami	C4-5	Nml	0	0	0	Nml	Normal	Complete	
L	CervParaC5-6	Rami	C5-6	Nml	2+	0	2+	Nml	Normal	Complete	
L	CervParaC6-7	Rami	C6-7	Nml	0	0	0	Nml	Normal	Complete	
L	CervParaC7-8	Rami	C7-8	Nml	0	0	0	Nml	Normal	Complete	
L	CervParaC8T1	Rami	C8-T1	Nml	0	0	0	Nml	Normal	Complete	
L	Deltoid	Axilla	C5-6	Nml	0	0	0	Nml	Normal	Complete	
L	FlexCarRad	Median	C6-8	Nml	1+	0	1+	Nml	Normal	Complete	
L	Triceps	Radial	C6-7-8	Nml	1+	0	1+	Nml	Normal	Complete	
R	1stDorint	Ulnar	C8-T1	Nml	0	0	0	Nml	Normal	Complete	
R	APB	Median	C8-T1	Nml	0	0	0	Nml	Normal	Complete	
R	Biceps	Musc	C5-6	Nml	0	0	0	Nml	Normal	Complete	
R	CervParaC4-5	Rami	C4-5	Nml	0	0	0	Nml	Normal	Complete	
R	CervParaC5-6	Rami	C5-6	Nml	0	0	0	Nml	Normal	Complete	
R	CervParaC6-7	Rami	C6-7	Nml	0	0	0	Nml	Normal	Complete	
R	CervParaC7-8	Rami	C7-8	Nml	0	0	0	Nml	Normal	Complete	
R	CervParaC8T1	Rami	C8-T1	Nml	0	0	0	Nml	Normal	Complete	
R	Deltoid	Axilla	C5-6	Nml	0	0	0	Nml	Normal	Complete	
R	FlexCarRad	Median	C6-8	Nml	0	0	0	Nml	Normal	Complete	
R	Triceps	Radial	C6-7-8	Nml	0	0	0	Nml	Normal	Complete	

FINDINGS: Nerve conduction studies were within normal limits. F wave reponses in were not prolonged. EMG reveals denervation potentials - Fibs and postitive sharp waves on the left side.

CONCLUSIONS: The above data reveals electrodiagnostic evidence of left C6 radiculopathy.

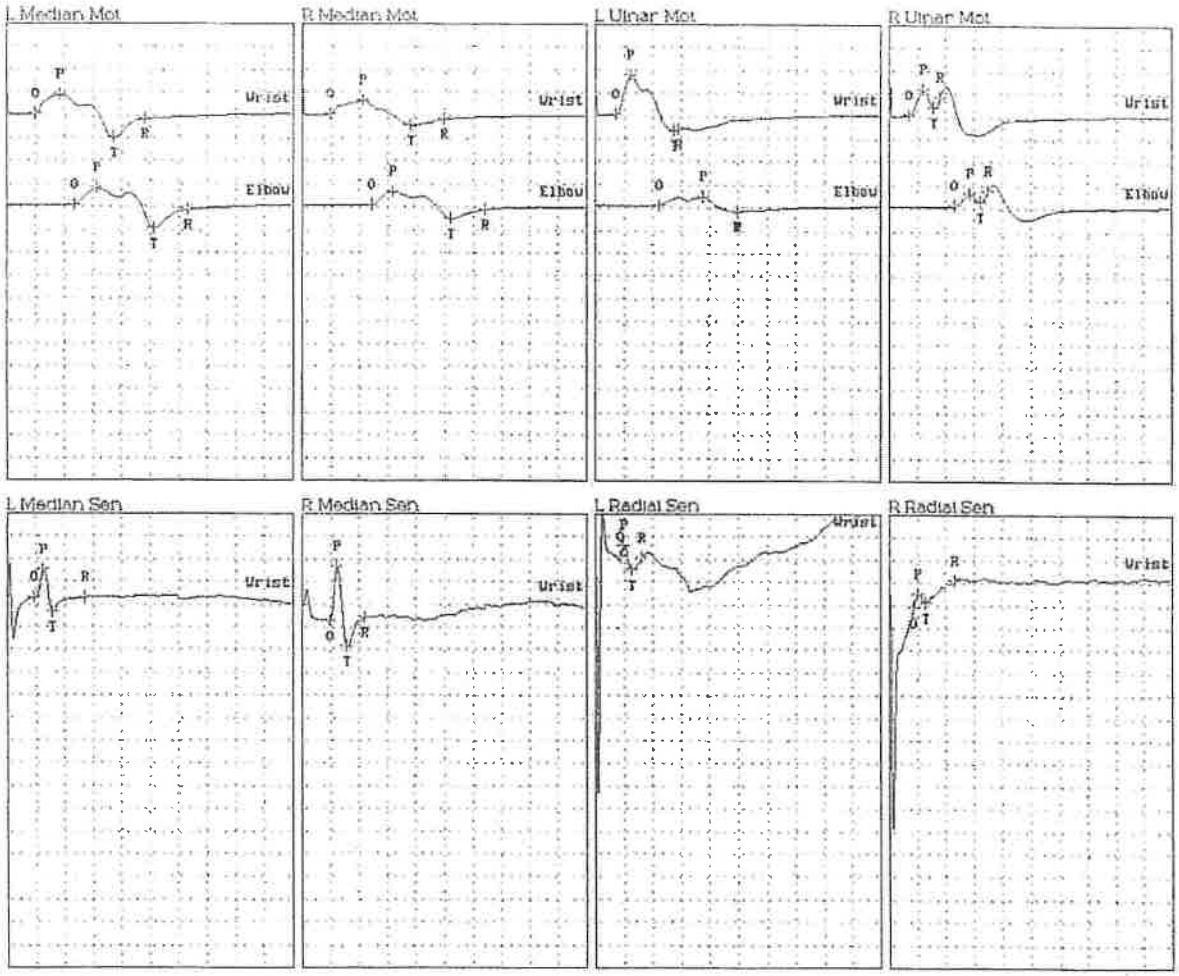
I very much appreciate the opportunity of doing the diagnostic study on this patient. If you have any questions, please feel free to contact me.

Sincerely,

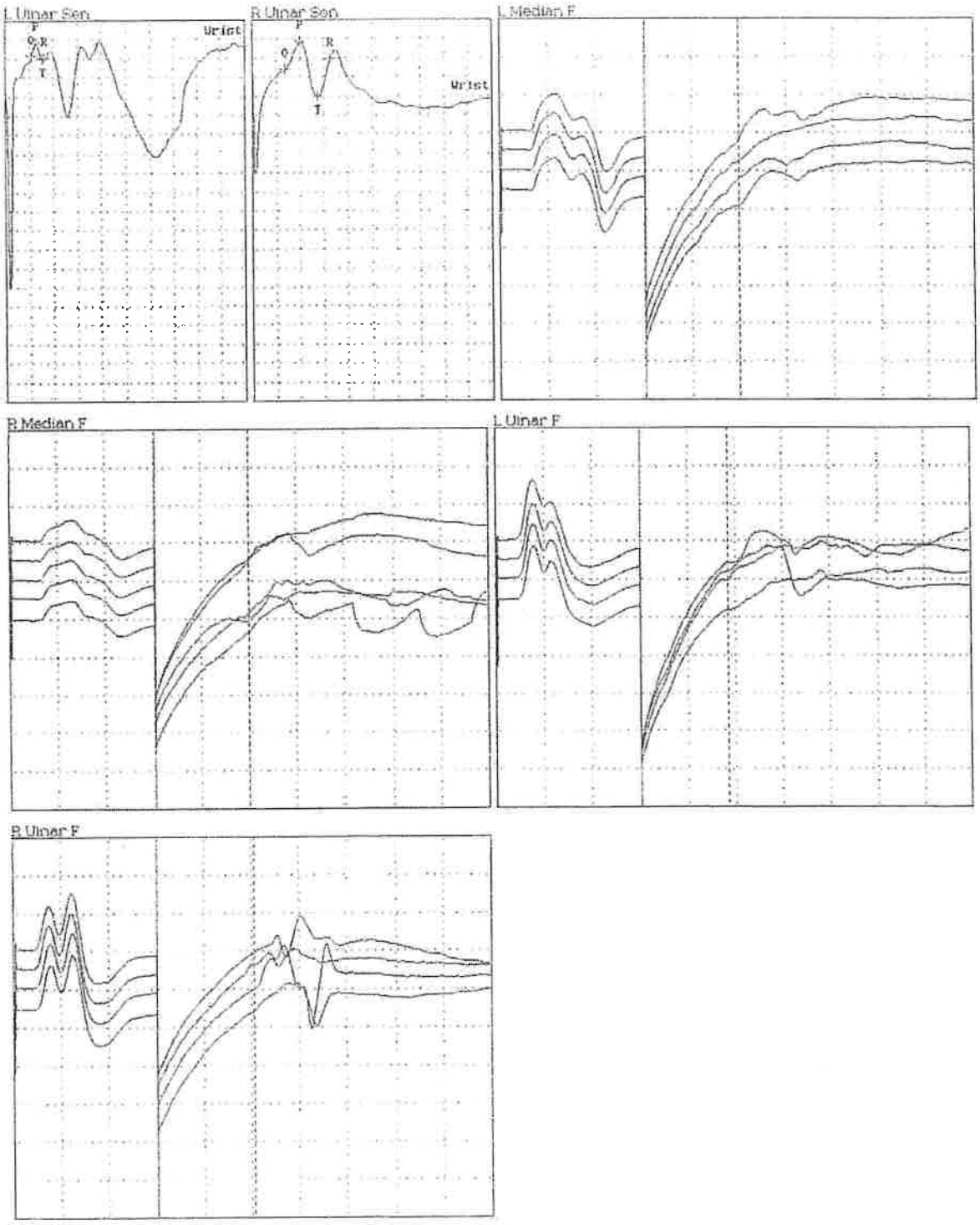
Patient: Leacock, Hadmira **Age/DOB:** 43 **Physician:** Narkhede
Sex: Female

Dr. Nitin Narkhede

Patient: Leacock, Hadmira **Age/DOB:** 43 **Physician:** Narkhede
Sex: Female



Patient: Leacock, Hadmira **Age/DOB:** 43 **Physician:** Narkhede
Sex: Female



INJECTION FORM

PATIENT NAME: Vadmire Leacock DATE: 6/14/19

CHIEF COMPLAINT: (L) sided neck pain

PHYSICAL FINDINGS: TP + (L) traps

X TAUT BAND ___ RADIATING PAIN PATTERN

TRIGGER POINT INJECTIONS: 1. (L) traps 3. ___ 5. ___
2. ___ 4. ___ 6. ___

___ CARPAL TUNNEL RIGHT ___ LEFT ___
___ DE QUERVAINS RIGHT ___ LEFT ___
___ SHOULDER RIGHT ___ LEFT ___
___ SACROILIAC JOINT RIGHT ___ LEFT ___
___ ELBOW EPICONDYLE RIGHT ___ LEFT ___ MEDIAL ___ LATERAL ___

MEDICATIONS:

X LIDOCAINE 1% 1/2 2% ___ MARCAINE 0.5% ___

___ DEPOMEDROL ___ MG/ML TORADOL ___ MG

X MUTIPLE NEEDLING, STERILE TECHNIQUE, TOLERATED WELL.

IMPRESSIONS: 1. myositis

2. ___

PLAN: 1. ice / stretch

2. ___

PHYSICIAN'S SIGNATURE: ___

NITIN D. NARKHEDE M.D.

INJECTION FORM

PATIENT NAME: Hadnell Leacock DATE: 5/24/19

CHIEF COMPLAINT: neck pain

PHYSICAL FINDINGS: TP (B) traps

Y TAUT BAND ___ RADIATING PAIN PATTERN

TRIGGER POINT INJECTIONS: 1. (R) traps 2. (L) traps 3. ___ 4. ___ 5. ___ 6. ___

___ CARPAL TUNNEL RIGHT ___ LEFT ___
___ DE QUERVAINS RIGHT ___ LEFT ___
___ SHOULDER RIGHT ___ LEFT ___
___ SACROILIAC JOINT RIGHT ___ LEFT ___
___ ELBOW EPICONDYLE RIGHT ___ LEFT ___ MEDIAL ___ LATERAL ___

MEDICATIONS:

Y LIDOCAINE 1% 3/4 2% ___ MARCAINE 0.5% ___ cc

___ DEPOMEDROL ___ MG/ML TORADOL ___ MG

X MUTIPLE NEEDLING, STERILE TECHNIQUE, TOLERATED WELL.

IMPRESSIONS: 1. myofiziti

2. ___

PLAN: 1. ice / Stretching

2. ___

PHYSICIAN'S SIGNATURE: ___

NITIN D. NARKHEDE M.D.

INJECTION FORM

PATIENT NAME: Hadassa Leacock DATE: 4/26/19

CHIEF COMPLAINT: (L) Shoulder pain

PHYSICAL FINDINGS: T.P. (L) Supraspinatus & (L) Levator Scapulae

Y FAUT BAND ___ RADIATING PAIN PATTERN

TRIGGER POINT INJECTIONS: 1. (L) Supraspinatus 2. (L) Levator Scapulae 3. ___ 5. ___ 6. ___

___ CARPAL TUNNEL RIGHT ___ LEFT ___
___ DE QUERVAINS RIGHT ___ LEFT ___
___ SHOULDER RIGHT ___ LEFT ___
___ SACROILIAC JOINT RIGHT ___ LEFT ___
___ ELBOW EPICONDYLE RIGHT ___ LEFT ___ MEDIAL ___ LATERAL ___

MEDICATIONS:

Y LIDOCAINE 1% 3/4 2% ___ MARCAINE 0.5% ___

___ DEPOMEDROL ___ MG/ML TORADOL ___ MG

Y MUTIPLE NEEDLING, STERILE TECHNIQUE, TOLERATED WELL.

IMPRESSIONS: 1. myositis

2. ___

PLAN: 1. ice / stretch.

2. ___

PHYSICIAN'S SIGNATURE: ___

NITIN D. NARKHEDE M.D.

INJECTION FORM

PATIENT NAME: Hadmira Leacock DATE: 4/19/19

CHIEF COMPLAINT: neck pain

PHYSICAL FINDINGS: TP (L) CC & (L) traps

✓ TAUT BAND ___ RADIATING PAIN PATTERN

TRIGGER POINT INJECTIONS: 1. (L) Mid CS 3. ___ 5. ___
2. (L) traps 4. ___ 6. ___

___ CARPAL TUNNEL RIGHT ___ LEFT ___
___ DE QUERVAINS RIGHT ___ LEFT ___
___ SHOULDER RIGHT ___ LEFT ___
___ SACROILIAC JOINT RIGHT ___ LEFT ___
___ ELBOW EPICONDYLE RIGHT ___ LEFT ___ MEDIAL ___ LATERAL ___

MEDICATIONS:

✓ LIDOCAINE 1% 2 2% ___ MARCAINE 0.5% ___

___ DEPOMEDROL ___ MG/ML TORADOL ___ MG

✓ MUTIPLE NEEDLING, STERILE TECHNIQUE, TOLERATED WELL.

IMPRESSIONS: 1. myofascitis

2. ___

PLAN: 1. ice / stretch

2. ___

PHYSICIAN'S SIGNATURE: ___

NITIN D. NARKHEDE M.D.

NITIN NARKHEDE M.D.
2378A Ralph Avenue: Brooklyn, NY 11234
Tel: 718-251-5400: Fax: 718-968-3792

Initial Evaluation

Patient: Hadmira Leacock **Date**: 6/13/18
DOA: 6/5/18

History of Present Condition / Current Complaints:
42year-old, right handed female was at work on 6/5/18 at a gas station when she tripped on an uneven sidewalk and she fell forwards. She tried to break the fall with both her hands.

EMS took her to Coney Island Hospital where she underwent x-rays which she was told were negative for fracture. Today she comes to see me as her symptoms persist.

The patient is presently complaining of left shoulder and left ankle and foot pain.
She also injured her spine for which she is seeking chiropractic treatment.

All symptoms are of new onset, and were not present prior to the accident.

Review of Systems: The patient denies headaches, dizziness, nausea, vomiting, diminished visual acuity, bowel or bladder difficulties.

Past Medical History: none.
Motor vehicle accident – none.
Work related accident – No other slip and fall injuries.

Past Surgical History: none.

Medications: Motrin and Metrocarbamol as needed.

Allergies: No known drug allergies.

Social History: Denies the use of tobacco or excessive alcohol.

Occupational History: Works in management in marketing and also full time student.

Physical Examination: The patient is a well-developed, well-nourished female who ambulates with a slow gait, featuring a guarded posture.
Examination is limited to extremities as she is seeking chiropractic treatment for her spine.

Left shoulder examination revealed: No atrophy or effusion. Shoulder range of motion study showed forward flexion 130/180 degrees, backward extension 30/50 degrees,

abduction 120/180 degrees, adduction 30/50 degrees, external rotation 60/90 degrees, internal rotation 40/90 degrees with pain reported in all planes.
There was tenderness to the acromioclavicular joint and supraspinatous tendon. Impingement and Apley's scratch test is positive. Rotator cuff strength is diminished and rated -4/5.

Left ankle examination revealed: No atrophy or effusion. Ankle range of motion study showed dorsiflexion 20/20 degrees, plantarflexion 25/40 degrees, eversion 30/30 degrees, inversion 20/20 degrees. Talofibular ligament tenderness is negative. Strength of the ankle dorsiflexors, plantar flexors, invertors and evertors were intact. Mid arch of foot is tender.

Diagnostic Impression:

1. Left shoulder sprain/strain.
2. Left foot pain.
3. Left ankle sprain.

Discussion/Plan: The patient will start physical therapy 3 times a week.

The patient will be referred for a left shoulder MRI to rule out tear.

Within a reasonable degree of medical certainty, if the history given by Ms. Hadmira Leacock is correct, then there is a direct causal relationship between the accident of 6/5/18 and the patient's injuries and complaints.

A follow-up evaluation is recommended within 4 weeks.

Nitin Narkhede, M.D.
General Practice
Diplomate American Academy of Pain Management
Diplomate American Board of Disability Analysts
2378A Ralph Avenue, Brooklyn, NY 12234. Tel: 718-251-5400 Fax: 718-968-3792

NN/aa

NITIN NARKHEDE M.D.
2378A Ralph Avenue: Brooklyn, NY 11234
Tel: 718-251-5400: Fax: 718-968-3792

Re-Evaluation

Patient: Hadmira Leacock **Date**: 7/31/19
DOA: 6/5/18

History of Present Condition / Current Complaints:
Ms. Leacock, a right -handed female was at work on 6/5/18 at a gas station when she tripped on an uneven sidewalk and fell forward. She tried to break the fall with both her hands.

EMS took her to Coney Island Hospital where she underwent x-rays which she was told were negative for fracture.

She consulted an orthopedic surgeon Dr. McCoulah and has undergone arthroscopy on 2/21/19 on her left shoulder.

She also consulted Dr. Gerling a spine surgeon, who advised her of surgical options on her cervical spine and Dr. Apple an Anesthesiologist, who gave her a lumbar steroid epidural injection, which helped her a little for a few days.

She underwent trigger point injections which helped her.

The patient continues to have left shoulder.

She also has neck pain radiating to her left upper extremity and low back pain for which, she is seeking chiropractic treatment.

All symptoms are of new onset and were not present prior to the accident.

Review of Records:
She underwent an upper extremity electrodiagnostic studies on 8/22/18, which revealed left C6 radiculopathy.

MRI of left shoulder reveals:

1. Tendinosis and tendinopathy involving the distal supraspinatus and infraspinatous tendons.
2. Trace glenohumeral synovial joint effusion.
3. Tendinosis and tendinopathy of the distal subsacpularis tendon.
4. Tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

MRI of the cervical and lumbar spine revealed disc displacements. (See report)

Review of Systems: The patient denies headaches, dizziness, nausea, vomiting, diminished visual acuity, bowel or bladder difficulties.

Past Medical History: none.
Motor vehicle accident – none.
Work related accident – No other slip and fall injuries.

Past Surgical History: none.

Medications: Xeralto and Tylenol as needed.

Allergies: No known drug allergies.

Social History: Denies the use of tobacco or excessive alcohol.

Occupational History: She is working.

Physical Examination: The patient is a well-developed, well-nourished female who ambulates with a slow gait, featuring a guarded posture.

A goniometer and visual inspection was used to measure the range of motion X3 passively and the best range is reported.

Spine Examination: revealed tenderness with myospasms of the cervical and lumbar paraspinal muscles. There are prominent trigger points in the cervical and parasacapular muscles.

Cervical spine range of motion tests revealed: flexion: 50/50 degrees, extension: 54/60 degrees, right rotation: 72/80 degrees, left rotation 71/80 degrees, right lateral flexion: 40/45 degrees and left lateral flexion of 40/45 degrees. There was pain in all planes. Cervical orthopedic tests: revealed a positive Jackson's and Spurling's on both sides. Soto Hall was positive.

Lumbar spine range of motion revealed: flexion: 77/90, extension: 22/30, right and left rotation: 20/30 and right and left lateral flexion: 20/25. There was pain in all planes. Lumbar orthopedic tests: Kemp's positive on both sides. Straight leg raise test was negative on both sides.

Left shoulder examination revealed: No atrophy or effusion. Portals are healed well. There is generalized mild tenderness on the shoulder.
Shoulder range of motion study showed: forward flexion 167/180 degrees, backward extension 52/60 degrees, abduction 164/180 degrees, adduction 30/30 degrees, external rotation 70/90 degrees, internal rotation 60/70 degrees with pain reported in all planes. Rotator cuff strength is rated 5/5.

Diagnostic Impression:

1. Left shoulder sprain/strain.
2. Left shoulder derangement.
3. Cervical and Lumbar disc displacements.
4. Cervical radiculopathy.

Discussion/Plan: The patient will continue home exercise and follow up as needed. She will undergo therapy as needed in the future to prevent regression of her symptoms.

Within a reasonable degree of medical certainty, if the history given by Ms. Hadmira Leacock is correct, then there is a direct causal relationship between the work-related accident of 6/5/18 and the patient's injuries and complaints.

Nitin Narkhede, M.D.
General Practice
Diplomate American Academy of Pain Management
Diplomate American Board of Disability Analysts
2378A Ralph Avenue, Brooklyn, NY 12234. Tel: 718-251-5400 Fax: 718-968-3792

NITIN NARKHEDE M.D.
2378A Ralph Avenue: Brooklyn, NY 11234
Tel: 718-251-5400: Fax: 718-968-3792

Re-Evaluation

Patient: Hadmira Leacock
DOA: 6/5/18

Date: 6/12/19

History of Present Condition / Current Complaints:
Ms. Leacock, a right -handed female was at work on 6/5/18 at a gas station when she tripped on an uneven sidewalk and fell forward. She tried to break the fall with both her hands.

EMS took her to Coney Island Hospital where she underwent x-rays which she was told were negative for fracture.

She consulted an orthopedic surgeon Dr. McCoulah and has undergone arthroscopy on 2/21/19 on her left shoulder.

She also consulted Dr. Gerling a spine surgeon, who advised her of surgical options on her cervical spine and Dr. Apple an Anesthesiologist, who gave her a lumbar steroid epidural injection, which helped her a little for a few days.

She underwent trigger point injections which helped her.

The patient continues to have left shoulder.

She also has neck pain radiating to her left upper extremity and low back pain for which, she is seeking chiropractic treatment.

All symptoms are of new onset and were not present prior to the accident.

Review of Records:
She underwent an upper extremity electrodiagnostic studies on 8/22/18, which revealed left C6 radiculopathy.

MRI of left shoulder reveals:

1. Tendinosis and tendinopathy involving the distal supraspinatus and infraspinatous tendons.
2. Trace glenohumeral synovial joint effusion.
3. Tendinosis and tendinopathy of the distal subsacpularis tendon.
4. Tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

MRI of the cervical and lumbar spine revealed disc displacements. (See report)

Review of Systems: The patient denies headaches, dizziness, nausea, vomiting, diminished visual acuity, bowel or bladder difficulties.

Past Medical History: none.
Motor vehicle accident – none.
Work related accident – No other slip and fall injuries.

Past Surgical History: none.

Medications: Xeralto and Tylenol as needed.

Allergies: No known drug allergies.

Social History: Denies the use of tobacco or excessive alcohol.

Occupational History: She is working.

Physical Examination: The patient is a well-developed, well-nourished female who ambulates with a slow gait, featuring a guarded posture.

Spine Examination: revealed tenderness with myospasms of the cervical and lumbar paraspinal muscles. There are prominent trigger points in the cervical and parasacapular muscles.

Cervical spine range of motion tests revealed: flexion: 50/50 degrees, extension: 55/60 degrees, right rotation: 70/80 degrees, left rotation 70/80 degrees, right lateral flexion: 40/45 degrees and left lateral flexion of 40/45 degrees. There was pain in all planes. Cervical orthopedic tests: revealed a positive Jackson's and Spurling's on both sides. Soto Hall was positive.

Lumbar spine range of motion revealed: flexion: 75/90, extension: 20/30, right and left rotation: 20/30 and right and left lateral flexion: 20/25. There was pain in all planes. Lumbar orthopedic tests: Kemp's positive on both sides. Straight leg raise test was negative on both sides.

Left shoulder examination revealed: No atrophy or effusion. Portals are healed well. There is generalized mild tenderness on the shoulder.
Shoulder range of motion study showed: forward flexion 165/180 degrees, backward extension 50/60 degrees, abduction 165/180 degrees, adduction 30/30 degrees, external rotation 70/90 degrees, internal rotation 60/70 degrees with pain reported in all planes. Rotator cuff strength is rated -5/5.

Left ankle examination revealed: No atrophy or effusion.

Ankle range of motion study showed dorsiflexion 20/20 degrees, plantar flexion 40/40 degrees, Eversion 30/30 degrees, Inversion 20/20 degrees. Strength of the ankle dorsiflexors, plantar flexors, invertors and evertors were intact. Mid arch of foot is not tender.

Diagnostic Impression:

1. Left shoulder sprain/strain.
2. Left shoulder derangement.
3. Cervical and Lumbar disc displacements.
4. Cervical radiculopathy.
5. Left ankle pain (resolved).

Discussion/Plan: The patient will continue physical therapy 2-3 times a week to her shoulder. She will perform home exercise between therapy sessions.

She will undergo trigger point injections as needed.

Within a reasonable degree of medical certainty, if the history given by Ms. Hadmira Leacock is correct, then there is a direct causal relationship between the work-related accident of 6/5/18 and the patient's injuries and complaints.

A follow-up evaluation is recommended within 6 weeks.

Nitin Narkhede, M.D.
General Practice
Diplomate American Academy of Pain Management
Diplomate American Board of Disability Analysts
2378A Ralph Avenue, Brooklyn, NY 12234. Tel: 718-251-5400 Fax: 718-968-3792

NITIN NARKHEDE M.D.
2378A Ralph Avenue: Brooklyn, NY 11234
Tel: 718-251-5400: Fax: 718-968-3792

Re-Evaluation

Patient: Hadmira Leacock **Date**: 4/15/19
DOA: 6/5/18

History of Present Condition / Current Complaints:
Ms. Leacock, a right -handed female was at work on 6/5/18 at a gas station when she tripped on an uneven sidewalk and fell forward. She tried to break the fall with both her hands.

EMS took her to Coney Island Hospital where she underwent x-rays which she was told were negative for fracture.

She consulted an orthopedic surgeon Dr. McCoulah and has undergone arthroscopy on 2/21/19 on her left shoulder.

She also consulted Dr. Gerling a spine surgeon, who advised her of surgical options on her cervical spine and Dr. Apple an Anesthesiologist, who gave her a lumbar steroid epidural injection, which helped her a little for a few days.

The patient continues to have left shoulder.

She also has neck pain radiating to her left upper extremity and low back pain for which, she is seeking chiropractic treatment.

All symptoms are of new onset and were not present prior to the accident.

Review of Records:
She underwent an upper extremity electrodiagnostic studies on 8/22/18, which revealed left C6 radiculopathy.

MRI of left shoulder reveals:

1. Tendinosis and tendinopathy involving the distal supraspinatus and infraspintus tendons.
2. Trace glenohumeral synovial joint effusion.
3. Tendinosis and tendinopathy of the distal subsacpularis tendon.
4. Tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

MRI of the cervical and lumbar spine revealed disc displacements. (See report)

Review of Systems: The patient denies headaches, dizziness, nausea, vomiting, diminished visual acuity, bowel or bladder difficulties.

Past Medical History: none.
Motor vehicle accident – none.
Work related accident – No other slip and fall injuries.

Past Surgical History: none.

Medications: Xeralto and Tylenol as needed.

Allergies: No known drug allergies.

Social History: Denies the use of tobacco or excessive alcohol.

Occupational History: She stopped working I week before the surgery and will, start working from home on 3/15/19.

Physical Examination: The patient is a well-developed, well-nourished female who ambulates with a slow gait, featuring a guarded posture.

Spine Examination: revealed tenderness with myospasms of the cervical and lumbar paraspinal muscles. There are prominent trigger points in the cervical and parasacapular muscles.

Cervical spine range of motion tests revealed: flexion: 50/50 degrees, extension: 50/60 degrees, right rotation: 70/80 degrees, left rotation 70/80 degrees, right lateral flexion: 40/45 degrees and left lateral flexion of 40/45 degrees. There was pain in all planes. Cervical orthopedic tests: revealed a positive Jackson's and Spurling's on both sides. Soto Hall was positive.

Lumbar spine range of motion revealed: flexion: 70/90, extension: 20/30, right and left rotation: 20/30 and right and left lateral flexion: 20/25. There was pain in all planes. Lumbar orthopedic tests: Kemp's positive on both sides. Straight leg raise test was negative on both sides.

Left shoulder examination revealed: No atrophy or effusion. Portals are healed well. There is generalized mild tenderness on the shoulder.
Shoulder range of motion study showed: forward flexion 140/180 degrees, backward extension 50/60 degrees, abduction 60/180 degrees, adduction 30/30 degrees, external rotation 70/90 degrees, internal rotation 50/70 degrees with pain reported in all planes. Rotator cuff strength is rated 4+/5.

Left ankle examination revealed: No atrophy or effusion.
Ankle range of motion study showed dorsiflexion 20/20 degrees, plantar flexion 40/40 degrees, Eversion 30/30 degrees, Inversion 20/20 degrees. Strength of the ankle dorsiflexors, plantar flexors, invertors and evertors were intact. Mid arch of foot is tender.

Diagnostic Impression:

1. Left shoulder sprain/strain.
2. Left foot pain.
3. Left shoulder derangement.
4. Left foot derangement.
5. Myositis.
6. Cervical and Lumbar disc displacements.
7. Cervical radiculopathy.
8.

Discussion/Plan: The patient will continue physical therapy 3 times a week to her shoulder.

She will undergo trigger point injections as needed.

Within a reasonable degree of medical certainty, if the history given by Ms. Hadmira Leacock is correct, then there is a direct causal relationship between the work-related accident of 6/5/18 and the patient's injuries and complaints.

A follow-up evaluation is recommended within 6 weeks.

Nitin Narkhede, M.D.
General Practice
Diplomate American Academy of Pain Management
Diplomate American Board of Disability Analysts
2378A Ralph Avenue, Brooklyn, NY 12234. Tel: 718-251-5400 Fax: 718-968-3792

NITIN NARKHEDE M.D.
2378A Ralph Avenue: Brooklyn, NY 11234
Tel: 718-251-5400: Fax: 718-968-3792

Re-Evaluation

Patient: Hadmira Leacock **Date**: 3/8/19
DOA: 6/5/18

History of Present Condition / Current Complaints:
Ms. Leacock, a right -handed female was at work on 6/5/18 at a gas station when she tripped on an uneven sidewalk and fell forward. She tried to break the fall with both her hands.

EMS took her to Coney Island Hospital where she underwent x-rays which she was told were negative for fracture.

She consulted an orthopedic surgeon Dr. McCoulah and has undergone arthroscopy on 2/21/19 on her left shoulder.

She also consulted Dr. Gerling a spine surgeon, who advised her of surgical options on her cervical spine and Dr. Apple an Anesthesiologist, who gave her a lumbar steroid epidural injection, which helped her a little for a few days.

The patient continues to have left shoulder and mild left foot pain which is off and on.

She also has neck pain radiating to her left upper extremity and low back pain for which, she is seeking chiropractic treatment.

All symptoms are of new onset and were not present prior to the accident.

Review of Records:
She underwent an upper extremity electrodiagnostic studies on 8/22/18, which revealed left C6 radiculopathy.

MRI of left shoulder reveals:

1. Tendinosis and tendinopathy involving the distal supraspinatus and infraspintus tendons.
2. Trace glenohumeral synovial joint effusion.
3. Tendinosis and tendinopathy of the distal subsacpularis tendon.
4. Tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

MRI of the cervical and lumbar spine revealed disc displacements. (See report)

Review of Systems: The patient denies headaches, dizziness, nausea, vomiting, diminished visual acuity, bowel or bladder difficulties.

Past Medical History: none.
Motor vehicle accident – none.
Work related accident – No other slip and fall injuries.

Past Surgical History: none.

Medications: Xeralto and Tylenol as needed.

Allergies: No known drug allergies.

Social History: Denies the use of tobacco or excessive alcohol.

Occupational History: She stopped working I week before the surgery and will, start working from home on 3/15/19.

Physical Examination: The patient is a well-developed, well-nourished female who ambulates with a slow gait, featuring a guarded posture.

Examination is limited to the extremity as she seeking chiropractic treatment for her spine.

Left shoulder examination revealed: No atrophy. There is swelling around the shoulder. Portals are healing well. There is generalized tenderness on the shoulder.
Shoulder range of motion study showed: forward flexion 70/180 degrees, backward extension 25/60 degrees, abduction 60/180 degrees, adduction 15/30 degrees, external rotation 40/90 degrees, internal rotation 30/90 degrees with pain reported in all planes. Rotator cuff strength is rated 2/5.

Left ankle examination revealed: No atrophy or effusion.
Ankle range of motion study showed dorsiflexion 20/20 degrees, plantar flexion 40/40 degrees, Eversion 30/30 degrees, Inversion 20/20 degrees. Strength of the ankle dorsiflexors, plantar flexors, invertors and evertors were intact. Mid arch of foot is tender.

Diagnostic Impression:
1. Left shoulder sprain/strain.
2. Left foot pain.
3. Left shoulder derangement.
4. Left foot derangement.

Discussion/Plan: The patient will continue physical therapy 3 times a week to her shoulder.

Within a reasonable degree of medical certainty, if the history given by Ms. Hadmira Leacock is correct, then there is a direct causal relationship between the work-related accident of 6/5/18 and the patient's injuries and complaints.

A follow-up evaluation is recommended within 6 weeks.

Nitin Narkhede, M.D.
General Practice
Diplomate American Academy of Pain Management
Diplomate American Board of Disability Analysts
2378A Ralph Avenue, Brooklyn, NY 12234. Tel: 718-251-5400 Fax: 718-968-3792

NITIN NARKHEDE M.D.
2378A Ralph Avenue: Brooklyn, NY 11234
Tel: 718-251-5400: Fax: 718-968-3792

Re-Evaluation

Patient: Hadmira Leacock **Date**: 11/21/18
DOA: 6/5/18

History of Present Condition / Current Complaints:
Ms Leacock, a right -handed female was at work on 6/5/18 at a gas station when she tripped on an uneven sidewalk and fell forward. She tried to break the fall with both her hands.

EMS took her to Coney Island Hospital where she underwent x-rays which she was told were negative for fracture.

She consulted an orthopedic surgeon Dr. McCoulah, who advised her of surgical options which she will undergo once cleared by her pulmonologist, due to her recent pulmonary embolism.

She has not yet consulted a podiatrist.

She also consulted Dr. Gerling a spine surgeon, who advised her of surgical options on her cervical spine and Dr. Apple an Anesthesiologist, who gave her a lumbar steroid epidural injection, which helped her a little for a few days.

The patient continues to have left shoulder and mild left foot pain.

She also has neck pain radiating to her left upper extremity and low back pain for which, she is seeking chiropractic treatment.

All symptoms are of new onset and were not present prior to the accident.

Review of Records:
She underwent an upper extremity electrodiagnostic studies on 8/22/18, which revealed left C6 radiculopathy.

MRI of left shoulder reveals:

1. Tendinosis and tendinopathy involving the distal supraspinatus and infraspintus tendons.
2. Trace glenohumeral synovial joint effusion.
3. Tendinosis and tendinopathy of the distal subsacpularis tendon.
4. Tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

MRI of the cervical and lumbar spine revealed disc displacements. (See report)

Review of Systems: The patient denies headaches, dizziness, nausea, vomiting, diminished visual acuity, bowel or bladder difficulties.

Past Medical History: none.
Motor vehicle accident – none.
Work related accident – No other slip and fall injuries.

Past Surgical History: none.

Medications: Xeralto and Tylenol as needed.

Allergies: No known drug allergies.

Social History: Denies the use of tobacco or excessive alcohol.

Occupational History: Works in management in marketing and also full-time student.

Physical Examination: The patient is a well-developed, well-nourished female who ambulates with a slow gait, featuring a guarded posture.

Examination is limited to the extremity as she seeking chiropractic treatment for her spine.

Left shoulder examination revealed: No atrophy or effusion. There was tenderness to the acromioclavicular joint and supraspinatous tendon.
Shoulder range of motion study showed: forward flexion 140/180 degrees, backward extension 40/60 degrees, abduction 130/180 degrees, adduction 30/30 degrees, external rotation 70/90 degrees, internal rotation 70/90 degrees with pain reported in all planes.
Impingement and Apley's scratch test is positive.
Rotator cuff strength is diminished and rated 4/5.

Left ankle examination revealed: No atrophy or effusion.
Ankle range of motion study showed dorsiflexion 20/20 degrees, plantar flexion 40/40 degrees, Eversion 30/30 degrees, Inversion 20/20 degrees. Strength of the ankle dorsiflexors, plantar flexors, invertors and evertors were intact. Mid arch of foot is tender.

Diagnostic Impression:
1. Left shoulder sprain/strain.
2. Left foot pain.
3. Left shoulder derangement.
4. Left foot derangement.

Discussion/Plan: The patient will continue physical therapy 3 times a week to her shoulder.

Within a reasonable degree of medical certainty, if the history given by Ms. Hadmira Leacock is correct, then there is a direct causal relationship between the work-related accident of 6/5/18 and the patient's injuries and complaints.

A follow-up evaluation is recommended within 6 weeks.

Nitin Narkhede, M.D.
General Practice
Diplomate American Academy of Pain Management
Diplomate American Board of Disability Analysts
2378A Ralph Avenue, Brooklyn, NY 12234. Tel: 718-251-5400 Fax: 718-968-3792

NITIN NARKHEDE M.D.
2378A Ralph Avenue: Brooklyn, NY 11234
Tel: 718-251-5400: Fax: 718-968-3792

Re - Evaluation

Patient: Hadmira Leacock **Date:** 10/12/18
DOA: 6/5/18

History of Present Condition / Current Complaints:
Ms Leacock, a right -handed female was at work on 6/5/18 at a gas station when she tripped on an uneven sidewalk and fell forward. She tried to break the fall with both her hands.

EMS took her to Coney Island Hospital where she underwent x-rays which she was told were negative for fracture.

She consulted an orthopedic surgeon Dr. McCoulah, who advised her of surgical options in which she is considering.

She has not yet consulted a podiatrist.

She was advised to undergo a cervical epidural injection, which she does not want to consider at this time.

She also consulted Dr. Gerling a spine surgeon, who advised her of surgical options on her cervical spine and Dr. Apple an Anesthesiologist, who gave her a lumbar steroid epidural injection, which helped her a little for a few days.

The patient continues to have left shoulder and left foot pain.

For no apparent reason her reason her left shoulder pain has worsened.

She also has neck pain radiating to her left upper extremity and low back pain for which, she is seeking chiropractic treatment.

All symptoms are of new onset and were not present prior to the accident.

Review of Records:
She underwent an upper extremity electrodiagnostic studies on 8/22/18, which revealed left C6 radiculopathy.

MRI of left shoulder reveals:

1. Tendinosis and tendinopathy involving the distal supraspinatus and infraspintus tendons.
2. Trace glenohumeral synovial joint effusion.
3. Tendinosis and tendinopathy of the distal subsacpularis tendon.

4. Tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

MRI of the cervical and lumbar spine revealed disc displacements. (See report)

Review of Systems: The patient denies headaches, dizziness, nausea, vomiting, diminished visual acuity, bowel or bladder difficulties.

Past Medical History: none.
Motor vehicle accident – none.
Work related accident – No other slip and fall injuries.

Past Surgical History: none.

Medications: Ibuprofen as needed.

Allergies: No known drug allergies.

Social History: Denies the use of tobacco or excessive alcohol.

Occupational History: Works in management in marketing and also full-time student.

Physical Examination: The patient is a well-developed, well-nourished female who ambulates with a slow gait, featuring a guarded posture.

Examination is limited to the extremity as she seeking chiropractic treatment for her spine.

Left shoulder examination revealed: No atrophy or effusion. There was tenderness to the acromioclavicular joint and supraspinatous tendon.
Shoulder range of motion study showed: forward flexion 140/180 degrees, backward extension 40/60 degrees, abduction 140/180 degrees, adduction 40/30 degrees, external rotation 80/90 degrees, internal rotation 70/90 degrees with pain reported in all planes.
Impingement and Apley's scratch test were positive.
Rotator cuff strength is diminished and rated 4/5.

Left ankle examination revealed: No atrophy or effusion.
Ankle range of motion study showed dorsiflexion 20/20 degrees, plantar flexion 30/40 degrees, Eversion 30/30 degrees, Inversion 20/20 degrees. Talofibular ligament tenderness is negative. Strength of the ankle dorsiflexors, plantar flexors, invertors and evertors were intact. Mid arch of foot is tender.

Diagnostic Impression:
1. Left shoulder sprain/strain.
2. Left foot pain.

3. Left shoulder derangement.
4. Left ankle/foot derangement.

Discussion/Plan: The patient will continue physical therapy 3 times a week to her shoulder.

Within a reasonable degree of medical certainty, if the history given by Ms. Hadmira Leacock is correct, then there is a direct causal relationship between the work-related accident of 6/5/18 and the patient's injuries and complaints.

A follow-up evaluation is recommended within 6 weeks.

Nitin Narkhede, M.D.
General Practice
Diplomate American Academy of Pain Management
Diplomate American Board of Disability Analysts
2378A Ralph Avenue, Brooklyn, NY 12234. Tel: 718-251-5400 Fax: 718-968-3792

NITIN NARKHEDE M.D.
2378A Ralph Avenue: Brooklyn, NY 11234
Tel: 718-251-5400: Fax: 718-968-3792

Re - Evaluation

Patient: Hadmira Leacock **Date:** 8/27/18
DOA: 6/5/18

History of Present Condition / Current Complaints:
Ms. Leacock is a right handed female was at work on 6/5/18 at a gas station when she tripped on an uneven sidewalk and she fell forwards. She tried to break the fall with both her hands.

EMS took her to Coney Island Hospital where she underwent x-rays which she was told were negative for fracture.

She has consulted Gerling a spine surgeon, who advised her of surgical options on her cervical spine. She also consulted Dr. Apple an Anesthesiologist, who gave her a cervical steroid epidural injection, which helped her a little for a few days.

The patient continues to have left shoulder and left foot pain.

She also has neck pain radiating to her left upper extremity and low back pain for which she is seeking chiropractic treatment.

All symptoms are of new onset and were not present prior to the accident.

Review of Records: Upper extremity electrodiagnostic studies on 8/22/18, which revealed left C6 radiculopathy.

MRI of left shoulder reveals:
1. Tendinosis and tendinopathy involving the distal supraspinatus and infraspintus tendons.
2. Trace glenohumeral synovial joint effusion.
3. Tendinosis and tendinopathy of the distal subsacpularis tendon.
4. Tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

Review of Systems: The patient denies headaches, dizziness, nausea, vomiting, diminished visual acuity, bowel or bladder difficulties.

Past Medical History: none.
Motor vehicle accident – none.
Work related accident – No other slip and fall injuries.

Past Surgical History: none.

Medications: Ibuprofen as needed.

Allergies: No known drug allergies.

Social History: Denies the use of tobacco or excessive alcohol.

Occupational History: Works in management in marketing and also full time student.

Physical Examination: The patient is a well-developed, well-nourished female who ambulates with a slow gait, featuring a guarded posture.

Examination is limited to extremities as she continues to seek chiropractic treatments for her spine.

Left shoulder examination revealed: No atrophy or effusion. Shoulder range of motion study showed forward flexion 160/180 degrees, backward extension 40/50 degrees, abduction 155/180 degrees, adduction 40/50 degrees, external rotation 80/90 degrees, internal rotation 70/90 degrees with pain reported in all planes.
There was tenderness to the acromioclavicular joint and supraspinatous tendon.
Impingement and Apley's scratch test is positive.
Rotator cuff strength is diminished and rated 4/5.

Left ankle examination revealed: No atrophy or effusion. Ankle range of motion study showed dorsiflexion 20/20 degrees, 30/30 degrees, 20/20 degrees. Talofibular ligament tenderness is negative. Strength of the ankle dorsiflexors, plantar flexors, invertors and evertors were intact. Mid arch of foot is tender.

Diagnostic Impression:
1. Left shoulder sprain/strain.
2. Left foot pain.
3. Left shoulder derangement.

Discussion/Plan: The patient will continue physical therapy 3 times a week to her shoulder and chiropractic treatment for her neck pain per chiropractor.

The patient will be referred to an orthopedic surgeon and a podiatrist.

Within a reasonable degree of medical certainty, if the history given by Ms. Hadmira Leacock is correct, then there is a direct causal relationship between the accident of 6/5/18 and the patient's injuries and complaints.

A follow-up evaluation is recommended within 6 weeks.

Nitin Narkhede, M.D.
General Practice
Diplomate American Academy of Pain Management
Diplomate American Board of Disability Analysts
2378A Ralph Avenue, Brooklyn, NY 12234. Tel: 718-251-5400 Fax: 718-968-3792

NITIN NARKHEDE M.D.
2378A Ralph Avenue: Brooklyn, NY 11234
Tel: 718-251-5400: Fax: 718-968-3792

Re - Evaluation

Patient: Hadmira Leacock
DOA: 6/5/18

Date: 7/11/18

History of Present Condition / Current Complaints:
42-year-old, right handed female was at work on 6/5/18 at a gas station when she tripped on an uneven sidewalk and she fell forwards. She tried to break the fall with both her hands.

EMS took her to Coney Island Hospital where she underwent x-rays which she was told were negative for fracture. Today she comes to see me as her symptoms persist.

The patient continues to have left shoulder and left foot pain.

She also has neck pain radiating to her left upper extremity and low back pain for which she is seeking chiropractic treatment.

All symptoms are of new onset and were not present prior to the accident.

Review of Records:
MRI of left shoulder reveals:

1. Tendinosis and tendinopathy involving the distal supraspinatus and infraspintus tendons.
2. Trace glenohumeral synovial joint effusion.
3. Tendinosis and tendinopathy of the distal subsacpularis tendon.
4. Tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

MRI of the cervical and lumbar spine revealed disc displacements (see reports).

Review of Systems: The patient denies headaches, dizziness, nausea, vomiting, diminished visual acuity, bowel or bladder difficulties.

Past Medical History: none.
Motor vehicle accident – none.
Work related accident – No other slip and fall injuries.

Past Surgical History: none.

Medications: Motrin and Methocarbanol as needed.

Allergies: No known drug allergies.

Social History: Denies the use of tobacco or excessive alcohol.

Occupational History: Works in management in marketing and also full time student.

Physical Examination: The patient is a well-developed, well-nourished female who ambulates with a slow gait, featuring a guarded posture.

Spine examination: There was tenderness in the cervical and lumbar paraspinal muscles with spasm.
Cervical and lumbar spine range of motion was decreased in all planes with pain.
Jackson's, Spurling's and Kemps are positive on both sides.

Left shoulder examination revealed: No atrophy or effusion. Shoulder range of motion study showed forward flexion 150/180 degrees, backward extension 40/50 degrees, abduction 150/180 degrees, adduction 40/50 degrees, external rotation 80/90 degrees, internal rotation 70/90 degrees with pain reported in all planes.
There was tenderness to the acromioclavicular joint and supraspinatous tendon.
Impingement and Apley's scratch test is positive. Rotator cuff strength is diminished and rated 4/5.

Left ankle examination revealed: No atrophy or effusion. Ankle range of motion study showed dorsiflexion 20/20 degrees, 30/30 degrees, 20/20 degrees. Talofibular ligament tenderness is negative. Strength of the ankle dorsiflexors, plantar flexors, invertors and evertors were intact. Mid arch of foot is tender.

Neurological examination: Sensibility examinations revealed hypoesthesia to light touch and pin prick in the left c6 dermatome. All other dermatomes were intact. Muscle strength was intact in all muscles tested except as noted above.

Diagnostic Impression:
1. Left shoulder sprain/strain.
2. Left foot pain.
3. Left shoulder derangement.
4. Cervical radiculopathy
5. Cervical and Lumbar disc displacements.

Discussion/Plan: The patient will continue physical therapy 3 times a week.

The patient will be referred to an orthopedic surgeon and a podiatrist.

I am scheduling the patient for upper extremity electrodiagnostic studies.

Within a reasonable degree of medical certainty, if the history given by Ms. Hadmira Leacock is correct, then there is a direct causal relationship between the accident of 6/5/18 and the patient's injuries and complaints.

A follow-up evaluation is recommended within 6 weeks.

Nitin Narkhede, M.D.
General Practice
Diplomate American Academy of Pain Management
Diplomate American Board of Disability Analysts
2378A Ralph Avenue, Brooklyn, NY 12234. Tel: 718-251-5400 Fax: 718-968-3792

SpineCare NYC

QUEENS

80-02 KEW GARDENS RD , 5TH FL , Kew Gardens NY 11415

Tel: , Fax:

PROGRESS NOTE

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
Hadmira	Leacock	07-25-1975	Female
Attending Provider:	**Referring Provider:**	**Visit Date:**	**Chart No.:**
Michael Gerling, M.D.		08-16-2018	SCL05561
Appointment Location:	**Appointment Location Address:**		
QUEENS	80-02 KEW GARDENS RD , 5TH FL , Kew Gardens NY 11415		

Reason For Visit: CONSULT

Mechanism of Injury/Nature of Illness:
Slip and fall at the gas station 6/5/18
Injured back, neck, left shoulder and foot
Breast Surgery 2001

History of Present Illness:
Initial Patient Visit - New
Hadmira Leacock is a 43 year female who presents today with neck, low back, left shoulder and left foot complaints, with the pain in the neck being the most severe. The symptoms began after the patient sustained an accident The symptoms have been present for 2 months and have not improved.
She is currently having difficulty working part-time.

Neck Specific Findings:
The neck pain is rated 9/10.
The patient has radiating pain to the left shoulder and left arm.
The radicular pain is rated 10/10.
They have noticed weakness of their left shoulder and left arm.
They are experiencing occipital headaches. .

Back Specific Findings:
The back pain is rated 7/10.
The patient has radiating pain to the left lateral thigh.
The radicular pain is rated 9/10. .
They cannot walk more than 3-5 block(s) without pain.
Laying down helps to relieve the pain.
Leaning backwards, lifting and bending exacerbates the pain.

Physical therapy attempted: neck and back. For 2 month(s). For 2 month(s).
Back injections have been attempted 1 time(s) with temporary relief

Medications include: Ibuprofen.
Accident details:

Leacock, Hadmira Female 07-25-1975

The patient was involved in a trip and fall accident while at a store. After the accident, they went to the emergency room by ambulance for care on 6/5/18. The patient's claim is open for the neck and back.

Prior Neck and Back History:
They have no prior history of neck disorders.
They have no prior history of back disorders.

Outside Medical Care & Conservative Management History:
PT for the back and neck for 2 months
LESI 1 time

Past Medical History
No Known Past Medical History

Current Medication
Aleve
ibuprofen

Allergy
No Known Drug Allergies.

Review of Systems:
Constitutional Symptoms: Denies fever, fatigue, chills, hot flashes, night sweats and weight loss. Negative except for HPI . **Ears/Nose/Mouth/Throat:** Denies headache, dizziness, double vision, loss of vision, corrective lenses/contacts, pain in eyes, earaches, discharge from ears, deafness/hearing loss, frequent nose bleeds, sinus problems, smelling sense change, sore throat, swallowing difficulty, taste difficulty and hoarseness. **Respiratory:** Denies trouble breathing, shortness of breath, asthma, COPD/emphysema, sputum production, sleep apnea, orthopnea, wheezing and respiratory infections. She does not cough up blood. **Cardiovascular:** Denies chest pain, poor circulation, blood clots, irregular heart beat, thumping in the chest, limb swelling, limb pain on walking, ankle swelling, feet swelling, PND and phlebitis. No varicose veins. **Gastrointestinal:** Denies abdominal pain, indigestion, gastroesophageal reflux disorder, heart burn, nausea or vomiting, vomiting of blood, frequent constipation, frequent diarrhea, stomach ulcer, painful bowel movement, chronic bloating, blood in stool, hemorrhoids/piles and jaundice. **Genitourinary:** Denies incontinence and blood in urine. She denies having kidney stones. No difficulty in urination. **Musculoskeletal:** Negative except for HPI **Neurological:** Negative except for HPI **Psychiatric:** Denies anxiety, depression, mood swings, nervousness and sleeping difficulty. **Endocrine:** Denies excessive thirst, heat or cold intolerance, excessive urination and thyroid problem. No polyuria. **Hematologic/Lymphatic:** Denies bleeding disorder, anemia and blood transfusions. She denies easy bruising/bleeding tendency. **Skin:** Denies itching, rashes and boils.

Social History:
Use of Drugs / Alcohol / Tobacco: Patient states that she never drinks any alcohol. Smoking Status (MU) never smoker.
Work History: She is a student.

Vitals:
Weight: 168 lbs. **Height:** 64 inches.

Physical Examination:

General: Patient is alert and oriented. They present sagittally balanced.

Cervical Spine Exam: ***The cervical spine has limited range of motion due to pain with tenderness to palpation and spasm notedat the middle, at the left and paraspinal musculature.***
Spurling's sign: Positive on the left.
- ROM Flexion: Restricted. (Normal: 60 degrees)
- ROM Extension: Restricted. (Normal: 75 degrees)
- ROM Left lateral rotation: Restricted. (Normal: 80 degrees)
- ROM Right lateral rotation: Restricted. (Normal: 80 degrees)

Examination of the Thoracolumbar Spine: ***The thoracolumbar spine has limited range of motion due to pain with tenderness to palpation and spasm notedin the low back and at the midline.***
- ROM Forward Flexion: Restricted. (Normal: 110 degrees)
- ROM Extension: Restricted. (Normal: 25 degrees)

Gait/Balance: ***The patient displays an antalgic gait.***
Romberg: Unsteady.

Musculoskeletal exam: Both upper extremities were examined. There was no gross mal-alignment or deformity. ***There is pain with left shoulder abduction There is impingement of the left shoulder. Tinel's positive at the left cubital***
Both lower extremities were examined. There was no gross mal-alignment or deformity.

Neurology - Deep Tendon Reflexes:
Upper Extremities:
- Right biceps: 3+. Left biceps: 3+.
- Right triceps: 2+. Left triceps: 2+.
- Right brachioradialis 3+. Left brachioradialis: 3+.
Inverted brachioradialis reflexes bilaterally. Hoffman's testing positive on the left.

Lower Extremities:
- Right patella: 3+. Left patella: 3+.
- Right Achilles: 1+. Left Achilles: 1+.

Motor:
Upper Extremities:
- Left Grip: 4/5
- Right IO: 4/5 Left IO: 4/5

Lower Extremities:
- Right EHL: 4/5 Left EHL: 4/5
- Right Tibialis Anterior: 5/5 Left Tibialis Anterior: 5/5
- Right Plantar Flexion: 5/5 Left Plantar Flexion: 5/5
- Right Quadriceps: 5/5 Left Quadriceps: 5/5

Sensation:
Upper Extremities: Numbness left lateral
Lower Extremities: Grossly intact in the L3-S1 dermatomes.

Diagnostic Studies Reviewed:

Order No: EXT0004526 Dated: 07-03-2018

Leacock, Hadmira Female 07-25-1975

Test	Result
Magnetic Resonance Imaging	
MRI CSP	C 6-7 hnp w/cord impingement and impinging left C6 nerve root, C4-5, 6-7 central hnp
MRI LSP	L5-S1 central and b/l foraminal hnp/ impinge the L5 nerve root, facet hypertrophy

Radiology Remarks: Film and report- Damadian MRI Canarsie, P.C.

Assessment and Plan:
ICD: Herniated nucleus pulposus with myelopathy, cervical (M50.00)
Assessment: Cervical disk herniation with myelopathy and radiculopathy
Plan:
- The use of a cervical spine soft collar was continued.
- Lifting is restricted to < 10lbs.
- Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.
- The importance of physical therapy with a formal functional rehabilitation program and home exercises has been discussed with the patient, and they will continue to attend physical therapy/rehab for the neck and utilize the provided home exercise program
- Bring reports EMG UE

- Surgical Indications:

Anterior Cervical Diskectomy and Fusion, with instrumentation and Allograft from cadaver bone.
Levels: C5-6

We discussed the risks and benefits of surgery at length today, the goals for treatment, peri-operative care, short-term and long-term prognosis. After lengthy discussion, the patient expressed understanding of the following issues: Though the primary goal of decompression is relief of neurologic symptoms, there are no guarantees of symptom relief, and no guarantees of improved neurologic function; Some patients have new or worsening neurologic symptoms after surgery that can be permanent at times; There is a high likelihood that axial symptoms will continue or worsen after the procedure; Reoccurrence of herniation or stenosis may require repeat decompression or fusion; Intra-operative findings or events sometimes prompt a change in plans with inclusion or exclusion of levels, a modification of the procedure, including possibly fusion with instrumentation, at the same or different operative levels; When discography is performed, it can accelerate degeneration and has no guarantee of accurately defining symptomatic levels; With or without surgery, he has abnormalities in the spine that may require future surgery or treatment at the index levels or adjacent levels; The concept of fusion versus non-fusion and the indications for use of instrumentation and possible future associated interventions; And wound or medical complications intrinsic to all types of surgery. The patient expressed understanding of these risks and wants to proceed with the procedure, understanding that the plan may change peri-operatively or interoperatively as needed.

Requirements for Surgery: Medical Testing satisfactory to the Pre-operative Assessment Team
Diagnositic testing: XR

ICD: Lumbosacral disc herniation (M51.27)
Assessment: Lumbar disk herniation with radiculopathy
Plan: - A lumbosacral orthosis back brace was fitted, trialed, and provided to the patient.
- Lifting is restricted to < 10lbs.
- Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.
- The importance of physical therapy with a formal functional rehabilitation program and home exercises has

been discussed with the patient, and they will continue to attend physical therapy/rehab for the back and utilize the provided home exercise program.
- The patient will return to our office with the reports from the following diagnostic studies for review (see order for additional details):
EMG Study - Lower Extremities

They have been directed to call our office should any complications arise before their next appointment.

New Orders & Referrals:
Order No: RAD0001964 Dated: 08-16-2018 Rad: Any Lab
X-Ray: XR CSP - AP/Lat
Order No: RAD0001965 Dated: 08-16-2018 Rad: Any Lab
X-Ray: XR CSP - Flex/Ex
Order No: LAB0000437 Dated: 08-16-2018 Lab: Any Lab
HL7ADHOC: EMG - UE + LE

Medications Prescribed:

CPT Codes:
Office Consultation (99245)

Follow Up: Post op. Need XR prior to surgery.

Su yeon Lee, NP-C

Michael Gerling, M.D.
This has been electronically signed by Michael Gerling, M.D. on 08-16-2018.

This has been electronically signed by on 08-16-2018.

New Horizon Surgical Center, L.L.C.
680 Broadway, Suite 201
Paterson, NJ 07514
Tel: (973)782-4202 Fax: (973)782-4206

OPERATIVE REPORT

DATE:	02/21/2019
PATIENT:	Hadmira Leacock
DATE OF BIRTH:	07/25/1975
PATIENT MRN:	3029070
PREOPERATIVE DIAGNOSES:	Left shoulder SLAP tear, labral tear, and rotator cuff tear.
POSTOPERATIVE DIAGNOSES:	Left shoulder SLAP tear, labral tear, and rotator cuff tear as well as synovitis and impingement.
PROCEDURES PERFORMED:	1. Left shoulder arthroscopic subacromial decompression, 29826. 2. Left shoulder arthroscopic SLAP, labral and rotator cuff debridement, 29823. 3. Left shoulder arthroscopic extensive synovectomy, 29821.
SURGEON:	Kenneth McCulloch, M.D.
FIRST ASSISTANT:	Luke Carey, PA-C.
ANESTHESIOLOGIST:	
ANESTHESIA:	General anesthesia and regional anesthesia.
ESTIMATED BLOOD LOSS:	None.
BLOOD PLACEMENT:	None.
IV FLUID:	Lactated Ringer's.
DRAINS/VAC:	None.
WOUNDS:	Clean.
COMPLICATIONS:	None.

PROCEDURE: The patient was brought to the operative suite. After the induction of adequate general and regional anesthesia and administration of 1 g IV Ancef, the patient placed in to beach chair position and the left upper extremity was prepped and draped in usual sterile fashion. Posterolateral, lateral, and anterior portal sites were established. Investigation of the shoulder was begun. The glenohumeral joint was free of any degenerative changes or articular damage. There was tearing of the anterior labrum which was debrided back to stable border using the Arthrocare wand via the anterior

portal site. This concluded our anterior labral debridement. There was a type I SLAP tear with a negative lift off test which was debrided using Arthrocare wand via the anterior portal site. This concluded our SLAP debridement. Extensive synovitis was encountered within the glenohumeral joint and was removed using the shaver via the anterior portal site which concluded our synovectomy. The rotator cuff was intact from the articular side. We redirected into the subacromial space which is a separate compartment of the shoulder. An anterolateral spur of the acromion was identified and a subacromial decompression was performed from anterolateral to posteromedial creating smooth transitional zone and substantially increasing subacromial space using high speed burr via the lateral portal site. We then placed camera in the lateral portal site, evaluated the rotator cuff from the bursal side. There was extensive tearing of the bursal sided rotator cuff which was partial thickness and debrided using the Arthrocare wand via the anterior portal site specifically of the supraspinatus infraspinatus tendons. This concluded our rotator cuff debridement. Instruments were removed. The shoulder was drained. The portal sites were closed with a 3-0 nylon stitch. Wound was dressed with Xeroform, 4x4, ABD, and foam tape and sling was placed. The patient was brought to the recovery room in a stable condition.

Kenneth McCulloch, M.D.
KM: tgt

EXHIBIT D

CULLEN and DYKMAN LLP

Garden City Center
100 Quentin Roosevelt Boulevard
Garden City, New York 11530-4850
Telephone (516) 357-3700 • Facsimile (516) 357-3792

Melissa Manna
Associate
Direct Dial: (516) 357-3753
Facsimile: (516) 357-3792
mmanna@cullenanddykman.com

October 22, 2019

VIA E-MAIL: jlkimes@speedway.com

Jessica L. Kimes
Speedway LLC
500 Speedway Drive
Enon, OH 45323

Re:	Claimant	:	Hadmira C. Leacock
	Client	:	Speedway LLC
	D/Loss	:	6/5/18
	Our File No.	:	23005-26

Dear Ms. Kimes,

Please be advised that we have now received initial discovery responses from plaintiff's counsel, including a bill of particulars and response to our combined demands. A summarization of same is included below for your review. Additionally, a preliminary conference has been held, which is also reported on herein.

Plaintiff's Verified Bill of Particulars:

Plaintiff was born on July 25, 1975 (44) and resides at 13411 232nd Street, Laurelton, NY 11413. The last four digits of her Social Security number are 4521.

Plaintiff fails to provide any information as to the location of the accident, which is improper.

Plaintiff claims that the defendants were negligent in permitting and allowing portions of gas station parking lot to be and remain in a dangerous, defective, hazardous, unsafe, broken, cracked and loose condition. Plaintiff claims that the defendants failed to properly inspect the premises and failed to place warning signs to apprise persons of the dangerous and unsafe conditions thereat, amongst other such allegations. Plaintiff further relies on the doctrine of *res ispa loquitor*. Plaintiff claims both actual and constructive notice of the alleged condition.

Plaintiff has set forth violations of New York City administrative code sections 19-138 (injury or defacement to streets –not applicable), 19-139 (excavations for private purposes – not applicable), 19-143 (excavations for public works – not applicable), 19-146 (prevention of disturbances to street surface – not applicable), 19-147 (replacement of pavement and maintenance of street hardware – does not appear applicable at this time) and 19-152 (duties and obligations of property owner with respect to sidewalks and lots – this section appears applicable).

Plaintiff alleges that the subject accident occurred on June 5, 2018 at approximately 2:00 a.m., at the premises located at 1620 Neptune Ave., Brooklyn, NY.

As a result of the subject accident, plaintiff claims to have sustained the following injuries:

Left Shoulder
- impingement and tear of rotator cuff;
- tear of anterior glenoid labrum;
- tendinosis;
- left shoulder arthroscopic subacromial decompression, SLAP, labral and rotator cuff debridement, extensive synovectomy, performed on February 21, 2019

Cervical Spine
- C5 to C6 left foraminal disc herniation impinging on the exiting left C6 nerve root;
- C6 to C7 subligamentous disc bulging with shallow right foraminal disc herniation;
- C4 to C5 subligamentous disc bulging abutting the ventral cord;
- left side C6 radiculopathy;
- disc displacement

Lumbar spine
- L5 to S1 1 mm retro list thesis and posterior ligamentous disc herniation impressing on the ventral sac encroaching peripherally into the foramina bilaterally abutting the right and nearly abutting the left L5 nerve roots in the foramina with facet hypertrophy;
- hypertrophy of the facets encroaching on the thecal sac posterior laterally at L1 to L2 through L4 to L5;
- intervertebral disc displacement

Plaintiff also claims left ankle, left hip, and left side arm injury with pain, headaches and difficulty sleeping.

Plaintiff claims to have been partially disabled for seven months from the date of the accident until December 2018. She was confined to bed for three weeks after the accident and intermittently thereafter and confined to her home for approximately 1 ½ months after the accident. Plaintiff was confined to Coney Island Hospital on the date of the incident, June 5, 2018.

Plaintiff was self-employed as an event planner at the time of the incident and claims incapacitation from employment for seven months, with a loss of earnings of approximately $20,000.

Plaintiff also claims to have been a student at Chicago University, online, and missed one and ½ months of classes as a result of the incident.

Plaintiff claims $4,000.00 and special damages for physician services and continuing.

Response to Combined Demands:

Plaintiff denies knowledge of any witnesses, statements of our clients, and denies having retained any experts.

Plaintiff has failed to provide a response to our demand pursuant to CPLR 3017 ad damnum.

One color photograph was exchanged which appears to depict an area near the bagged ice freezer. It is not known exactly where plaintiff claims her accident occurred.

Medicals from Plaintiff:

Coney Island Hospital:

Plaintiff presented the emergency department via FDNY ambulance on the date of the alleged accident, June 5, 2018 at 2:45 a.m. complaining of a fall with pain to her left side. Plaintiff reported complaints to her neck, left shoulder, left hip, and foot following a fall 30 minutes prior to arrival.

Upon examination there was no swelling or tenderness noted to her left shoulder, left hip or left foot.

A CT of the head was performed which revealed no abnormalities. CTs of the cervical, thoracic and lumbar spine revealed no acute abnormalities. Left hip, shoulder, foot, and pelvic x-rays were normal.

Plaintiff was given Tylenol in the ER and prescriptions for ibuprofen and methocarbamol, a muscle relaxer and was discharged.

Damadian MRI in Canarsie, P.C.

On June 27, 2018, plaintiff underwent an MRI of the lumbar spine. The impression was noted as

- L5 to S1 1 mm retrolisthesis and a posterior subligamentous disc herniation impressing on the ventral thecal sac encroaching peripherally into the foramina bilaterally abutting the right and nearly abutting the left L5 nerve roots in the foramina. Facet hypertrophy was present at that level.
- Hypertrophy of the facets encroaching on the thecal sac posterior laterally at L1 to L2 through L4 to L5;
- 2 mm subcortical cyst at L2 to L3;
- Posterior paraspinal fasciitis;
- Mid upper left convexity to the lumbar curvature.

Plaintiff presented on July 3, 2018 for an MRI of the cervical spine. The impression was noted as straightening of the normal cervical lordosis, C4 to C5 subligamentous disc bulging abutting the ventral cord, C5 C6 left foraminal disc herniation impinging on the exiting left C6 nerve root and superimposed on subligamentous disc bulging, and C6 to C7 subligamentous disc bulging with shallow right foraminal disc herniation.

MRI of the left shoulder also taken on July 3, 2018, revealed:
- tendinosis/tendinopathy involving the distal supraspinatus and infraspinatus tendons;
- trace glenohumeral synovial joint effusion;
- tendinosis/tendinopathy of the distal subscapularis tendon;
- tear of the anterior glenoid labrum with an adjacent subcorticoid paralabral cyst.

Felix Karafin, M.D. – All Boro Medical Rehabilitation

Plaintiff presented on July 16, 2018, wherein it is noted that plaintiff complained of left-sided pain in the neck, lower back, as well as pain radiating in the left shoulder. The plaintiff had been undergoing physical therapy with minimal relief.

Dr. Karafin noted that the MRI films were reviewed and despite a labrum tear, plaintiff did not complaint of any instability in the shoulder. She was referred for a cervical epidural injection and EMG studies of the upper and lower extremities. It was noted that plaintiff was unable to tolerate any activities, cannot work and was disabled and unable to return to work.

Nitin Narkhede, M.D.

Plaintiff presented on June 13, 2018, wherein it is noted that the 42-year-old, right-handed female “was at work” on June 5, 2018 at a gas station when she tripped on an uneven sidewalk and she fell forwards. Plaintiff tried to break the fall with both of her hands. Plaintiff was taken to Coney Island Hospital via ambulance where she underwent x-rays and was told they were negative for fracture. Plaintiff presented as her symptoms persisted. Plaintiff complained of left shoulder, left ankle and foot pain and spine pain. Plaintiff denied having any of the present symptoms prior to the subject accident.

It is noted that plaintiff works in management and marketing and is also a full-time student.

Plaintiff was examined and the impression was noted as left shoulder sprain/strain, left foot pain and left ankle sprain. The plaintiff was to undergo physical therapy three times a week and was referred for a left shoulder MRI to rule out a tear.

The plaintiff returned on notice why second, 2018, complaining of neck pain radiating to the left upper extremity. EMG testing revealed evidence of left C6 radiculopathy.

It appears that plaintiff underwent lidocaine injections on at least four occasions performed by Dr. Narkhede.

Plaintiff presented for a reevaluation on November 21, 2018, wherein it is indicated that plaintiff has consulted with an orthopedic surgeon, who advised her of surgical options, which she intended to undergo once cleared by her pulmonologist, as she had a recent pulmonary embolism. Plaintiff continued to complain of left shoulder and mild left foot pain. She had not consulted a podiatrist. Plaintiff was seeking chiropractic treatment for her lower back pain.

Plaintiff presented again for reevaluations on April 15, 2019, June 12, 2019 and July 31, 2019, wherein it is noted that plaintiff consulted with an orthopedic surgeon Dr. McCullough, who performed arthroscopic surgery to her left shoulder on February 21, 2019.

It is noted that plaintiff also consulted with Dr. Gerling, a spinal surgeon, who advised her of surgical options on her cervical spine and with Dr. Apple, an anesthesiologist who gave her lumbar steroid epidural injection, which helped for a few days.

Plaintiff was examined and was to continue home exercise and follow-up as needed.

Plaintiff was diagnosed with left shoulder sprain/strain, left shoulder derangement, cervical and lumbar disc displacement, cervical radiculopathy and resolved left ankle pain.

Mill Basin Multi-Medicine & Rehabilitation

The records from the facility indicate that plaintiff attended multiple physical therapy sessions subsequent to the subject accident, where plaintiff complained of tenderness and pain to the left shoulder and pain to the lower back. The records indicate plaintiff treated from June 13, 2018 until at least July of 2019. It does not appear that we have a complete set of records.

Dr. Gottlieb, chiropractor:

It appears that plaintiff received chiropractic treatment once a week from June 13, 2018 until at least July 31, 2019. At her initial visit, on June 13, 2018, plaintiff stated that she was “walking on a Speedway gas station when she fell on an uneven concrete floor and broke her fall with both hands and both knees.” It was noted that the plaintiff was working and was a full-time student.

Plaintiff consistently claimed lower back pain, left shoulder pain, and pain with bending.

Spine Care, NYC – Michael Gerling, M.D.

Plaintiff presented on August 16, 2018 for a consult. Plaintiff presented with symptoms of neck, low back, left shoulder and left foot pain, with the pain in the neck being the most severe. It is noted that plaintiff is currently having difficulty working part-time. Upon examination, there was limited range of motion of the cervical and thoracic spine.

Plaintiff was diagnosed with cervical disc herniation with myelopathy and radiculopathy. Plaintiff was to continue using a soft cervical spine collar. Physical therapy was recommended.

Anterior cervical discectomy and fusion, at levels C5 C6, was discussed with the plaintiff, who was noted to have desired to proceed with the procedure.

New Horizon Surgical Center, L.L.C.

On February 21, 2019, plaintiff underwent left shoulder arthroscopic subacromial decompression, SLAP, labral and rotator cuff debridement, and extensive synovectomy performed by Dr. Kenneth McCulloch.

The preoperative diagnosis was notated as left shoulder SLAP tear, labral tear and rotator cuff tear.

The postoperative diagnosis was noted as left shoulder SLAP tear, labral tear, and rotator cuff tear as well as to divide us and impingement.

We do not possess any records from Dr. McCullouch's office currently.

As you will note, to date, plaintiff's most severe injury is the left shoulder tear with arthroscopy. If plaintiff undergoes the cervical discectomy and fusion as recommended by Dr. Gerling, the value of the case will be greatly increased. At this point we will seek to obtain a complete set of plaintiff's medical records in order to perform a full evaluation.

Preliminary Conference:

A preliminary conference was held on October 21, 2019, at which time, the deficiencies in plaintiff's responses were addressed and an order was generated scheduling the remainder of discovery as well as depositions.

Of note, plaintiff is to provide a supplemental bill of particulars as to the location of the accident by November 21, 2019. Plaintiff is to serve authorizations for all of plaintiff's medical treatment, as well as authorizations for plaintiff's IRS records and collateral sources within 30 days.

Additionally, plaintiff is to respond to our demand for ad damnum pursuant to CPLR 3017(c) by November 21, 2019. It is expected that plaintiff will demand well over $75,000.00 in her response, at which time we will be in a position to remove the case to federal court.

The deposition of plaintiff was scheduled for January 14, 2020 with the deposition of our client scheduled for January 22, 2020. Plaintiff him

We will keep you updated as to additional responses received from plaintiff and as to medical records received.

Should you have any questions or wish to discuss the case, please do not hesitate to call.

Very truly yours,

Melissa Manna
Melissa Manna
(516) 357-3753

cc:

VIA E-MAIL: amassini@speedway.com
Amy Assini
500 Speedway Drive
Enon, OH 45323

VIA E-MAIL :mebergman@speedway.com
Mary E. Bergman
Speedway LLC
500 Speedway Drive
Enon, OH 45323

EXHIBIT E

TODAY'S CAL.# 34 RJI DATE 9/16/19 INTAKE PART

PRELIMINARY CONFERENCE ORDER
PURSUANT TO PART 202 OF THE UNIFORM CIVIL RULES
FOR THE SUPREME COURT KINGS COUNTY

HON. Lizette Colon for Hon Sweeney DATE: 10/21/2019

Hadmin Leacock

Plaintiff(s)

Index# 522043 / 2018

- against -

Hess Retail Stores LLC Defendant(s)

Compliance Conference shall be held in IAS Part CCP on 2/3, 2020 at 9:30 a.m.
FAILURE OF COUNSEL TO ATTEND THE COMPLIANCE CONFERENCE MAY RESULT IN THE IMPOSITION OF SANCTIONS
Not on Consent ADR Part 12/19/19

PRINT ALL INFORMATION CLEARLY

				Consent to E-FILE? YES	NO
ATTORNEY FIRM Suben Assoc	by		FOR PLAINTIFF		
ATTORNEY FIRM Cullen and Dykman	by	Melissa Hanna	FOR DEFENDANT	✓	
ATTORNEY FIRM	by		FOR DEFENDANT		
ATTORNEY FIRM	by		FOR DEFENDANT		

DEFAULTS: DEFENDANT _____
HAS NOT BEEN SERVED/ HAS BEEN SERVED, NOT ANSWERED, AND TIME TO DO SO HAS EXPIRED.
DEFAULT JUDGMENT GRANTED / PENDING

THE DISCOVERY END DATE/ NOTE OF ISSUE DUE DATE IS 8/16/2020

IT IS HEREBY ORDERED THAT THIS ACTION IS ASSIGNED TO THE:

_____ **EXPEDITED** ___✓___ **STANDARD** _____ **COMPLEX TRACK**

AND DISCLOSURE SHALL PROCEED AS FOLLOWS:

I. WRITE PLAINTIFF'S MOST SEVERE INJURY: Shoulder w/Surgery

II. TYPE OF CASE:
- ___ MOTOR VEHICLE
- ✓ PREMISES LIABILITY
- ___ PROFESSIONAL MALPRACTICE (MED. MAL. ETC.)
- ___ OTHER. BRIEFLY DESCRIBE: _____
- ___ CONTRACT
- ___ LABOR LAW

III. ☐ CPLR 325 (D) eligible, upon further order.

IV. INSURANCE COVERAGE (INCLUDING EXCESS AND/ OR UMBRELLA COVERAGE)
DEFENDANT _____ DEFENDANT _____
✓ IF NOT FURNISHED, PLAINTIFF TO BE ADVISED IN WRITING BY 11/21/2019
IF NO EXCESS COVERAGE, PROVIDE AFFIDAVIT TO THAT EFFECT BY 11/21/2019

PRELIMINARY CONFERENCE ORDER

V. BILL OF PARTICULARS:
- ☐ 1A. SUBMITTED.....☐ 1B. NOT SUBMITTED - TO BE SERVED BY _____
- ☑ 2. SUPPLEMENT/ AMEND BILL OF PARTICULARS TO BE SERVED BY 11/21/19 as to Items # 14, 15, 18 regarding location of accident per letter dated 10-18-19
- ☒ 3. DEFENDANTS TO PROVIDE A VERIFIED BILL OF PARTICULARS AS TO AFFIRMATIVE DEFENSES WITHIN 30 DAYS.

VI. MEDICAL AND HOSPITAL AUTHORIZATIONS TO THE EXTENT NOT PREVIOUSLY PROVIDED:
- ☐ 1. FURNISHED
- ☑ 2. HIPAA COMPLIANT MEDICAL AUTHORIZATIONS FOR RECORDS AND HOSPITAL AUTHORIZATIONS TO BE SERVED BY 11 / 21 / 20 19
- ☑ 3. PLAINTIFF(S) SHALL PROVIDE AUTHORIZATIONS TO OBTAIN COPIES OF THE ACTUAL RECORDS OF ALL TREATING AND EXAMINING HEALTH CARE PROVIDERS, INCLUDING DIAGNOSTIC TESTS, X-RAYS, MRIs, EMGs, CT SCANS, FOR INJURIES SPECIFIED IN THE BILL OF PARTICULARS WITHIN 30 DAYS.
- ☑ 4. PLAINTIFF(S), WITHIN 60 DAYS AFTER FILING NOTE OF ISSUE, MUST SERVE DEFENDANT (S) WITH FRESH HIPAA COMPLIANT AUTHORIZATIONS FOR ALL KNOWN HEALTH CARE PROVIDERS.

VII. PHYSICAL EXAMINATION:
- ☐ 1A. HELD ☐ 1B. WAIVED ☑ 1C. EXAM OF THE PLAINTIFF TO BE HELD WITHIN 45 DAYS FOLLOWING THE CONCLUSION OF PLAINTIFF'S EBT.
- ☐ 2A. PHYSICIANS' REPORTS FURNISHED
- ☑ 2B. COPY OF PHYSICIANS' REPORTS TO BE FURNISHED TO PLAINTIFF WITHIN 45 DAYS OF EXAMINATION.

VIII. EXAMINATIONS BEFORE TRIAL: ☑ PLAINTIFF(S) – 11-1/14/20 ☑ DEFENDANT(S) – Hess-1/22/20 ☐ INFANT(S)
- INFANT'S DATE OF BIRTH: ____/____/_____.
- TO BE HELD ON ____/____/20____,
- AT ☐ COURT REPORTER_____
- AT ☐ OFFICE OF_____
- AT ☒ A LOCATION TO BE AGREED UPON LATER
- ☐ HELD (EXCEPT:_____)
- ☐ WAIVED
- ☐ EXCEPT INFANT AT THIS TIME

DEPOSITIONS TO COMMENCE WITHIN 30 DAYS OF JUDICIAL DETERMINATION OF INFANT PLAINTIFF'S COMPETENCE TO TESTIFY AT A "SWEAR-ABILITY" HEARING.

IX. OTHER DISCLOSURE:
- ☐ 1. NONE
- ☑ 2. ALL PARTIES TO EXCHANGE NAMES AND ADDRESSES OF ALL WITNESSES, OPPOSING PARTIES' STATEMENTS, PHOTOGRAPHS, SURVEILLANCE TAPES, AND ACCIDENT REPORTS PREPARED IN THE ORDINARY COURSE OF BUSINESS. IF NONE, AN AFFIRMATION TO THAT EFFECT SHALL BE PROVIDED.
- ☑ 3. AUTHORIZATION FOR PLAINTIFF(S) FOR YEAR BEFORE, YEAR OF, AND YEAR AFTER:
  - ☐ EMPLOYMENT ATTENDANCE RECORDS
  - ☑ IRS, IF SELF EMPLOYED OR W-2 – per Lost earnings claim in SP
- ☑ 4. PLAINTIFF TO PROVIDE NO-FAULT/COLLATERAL SOURCE AUTHORIZATIONS.

ABOVE TO BE COMPLETED WITHIN 30 DAYS.
- ☑ 5. ALL PARTIES SHALL SUPPLY EXPERT WITNESS DISCLOSURE PURSUANT TO CPLR.

- Δ to respond to Π's DTL demands by 11-21-19

PRELIMINARY CONFERENCE ORDER

6. - Π to respond to Δs correspondence dated 10/18/19, ~~w/in 30 days~~ by 11/21/19.
- Π to provide a response to Demand Pursuant to CPLR 3017(c) ~~w/in 30 days~~. by 11/21/19.

X. IMPLEADER ACTIONS:
- ☐ 1. NONE
- ☐ 2. ALREADY COMMENCED
- ☑ 3. TO BE COMMENCED WITHIN 60 DAYS AFTER COMPLETION OF EBTs.

XI. ADDITIONAL DIRECTIVES: SEE ATTACHED PAGE FOR ADDITIONAL DIRECTIVES.

IN THE EVENT OF UNJUSTIFIED NON-COMPLIANCE WITH THE TERMS OF THIS ORDER, COSTS OR OTHER SANCTIONS MAY BE IMPOSED.

NOTWITHSTANDING ANY DIRECTIVE CONTAINED HEREIN, ALL PARTIES ARE REQUIRED TO ABIDE BY THE JUSTICE'S INDIVIDUAL PART RULES LOCATED AT: ***HTTP://WWW.NYCOURTS.GOV/COURTS/2JD/KINGS/CIVIL/JUDGESRULES.SHTML***

ALL DATES CONTAINED HEREIN RELATING TO THE COMPLETION OF ITEMS IN THIS PRELIMINARY CONFERENCE ORDER MUST BE ADHERED TO.

THE PARTIES HAVING APPEARED FOR A PRELIMINARY CONFERENCE ON THIS DATE HAVE REVIEWED THE TERMS AND/ OR CONDITIONS OF THIS ORDER AND HEREBY CONSENT TO SAME.

ATTORNEY: _____ FOR PLAINTIFF: _____
(Attorney's signature)

ATTORNEY: _____ FOR DEFENDANT: ~~Sless~~ Hess + Speeding
(Attorney's signature)

ATTORNEY: _____ FOR DEFENDANT: _____
(Attorney's signature)

ATTORNEY: _____ FOR DEFENDANT: _____
(Attorney's signature)

COURT ATTORNEY: _____

THIS CONSTITUTES THE DECISION AND ORDER OF THE COURT.

KINGS COUNTY CLERK FILED 2019 OCT 25 AM 8:38

DATED: 10 / 21 / 2019 **ENTER:** _____
J.S.C. / J.H.O.

Hon. Lizette Colon
J.S.C.

EXHIBIT F

CULLEN and DYKMAN LLP

Garden City Center
100 Quentin Roosevelt Boulevard
Garden City, New York 11530-4850
Telephone (516) 357-3700 • Facsimile (516) 357-3792

MELISSA MANNA
ASSOCIATE
DIRECT: 516-357-3753
FAX: 516-357-3792
E-MAIL MMANNA@CULLENANDDYKMAN.COM

November 21, 2019

Subin Associates, LLP
Attn: Maria C. Zieher, Esq.
150 Broadway, 23rd Floor
New York, New York 10038

Re: Hadmira C. Leacock v. Speedway LLC
D/Loss : 6/5/18
Our File No. : 23005-26

Dear Ms. Zieher:

Please mark your file to reflect that Cullen and Dykman LLP has taken over the defense of Speedway, LLC. Our consent to change attorneys was filed back on October 9, 2019, and this office appeared at the Preliminary Conference, however mail is apparently still going to the prior firm.

Please be advised that we are in receipt of your supplemental bill of particulars, however numerous deficiencies remain. Please provide complete and proper responses as to where the alleged accident occurred.

Additionally, we have still not received duly executed HIPAA compliant authorizations made out Cullen and Dykman LLP, for all of your client's treatment providers, including radiological records, collateral source, FDNY ambulance/pre-hospital care reports, and authorizations to obtain your client's IRS tax returns in light of the lost earnings claim and the allegation that your client is self-employed.

Finally, we have still not received a response to our demand for Ad Damnum. The demand for ad damnum is proper under CPLR 3017 (c) and must be responded to within 15 days. As such, your response to same is overdue.

Please accept the foregoing as ever good faith attempt to obtain proper and complete responses to our discovery demands without the necessity of motion practice. Please provide responses to the demands within the next 10 business days.

Thank you for your prompt attention to the foregoing.

Very truly yours,

MELISSA MANNA

EXHIBIT G

Subin Associates, LLP
Attorneys Representing the Injured for Half a Century

150 Broadway ▪ New York ▪ New York 10038
TEL. (212) 285-3800 ▪ www.subinlaw.com
FAX. (347) 771-8204

December 6, 2019

CULLEN AND DYKMAN LLP
Attorney for Defendant,
100 Quentin Roosevelt Boulevard
Garden City, New York 11530

Re: Hadmira C. Leacock v. Speedway LLC
D/A: 6/5/2018
Index No.: 522043/2018
File No.:30444

Dear Counselor:

As you are aware, this firm represents the above-referenced plaintiff.

In response to your letter dated November 21, 2019, enclosed please find Plaintiff Notice of Availability, Verified Bill of Particulars and Response to Combined Demands dated September 16, 2019 previously served on September 16, 2019. A courtesy copy is annexed hereto.

Please provide our office with a copy of your request for the Ad Damnum as our office is not in receipt of your demand.

In addition, please find copy of Plaintiff Combined Demand.

Thank you for your attention herein.

Very truly yours,

Maria Zieher

MARIA ZIEHER, ESQ.

MCZ/sdb
Encl.

EXHIBIT H

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS
----------X
HADMIRA C. LEACOCK,

Index No.: 522043/18

Plaintiff,

DEMAND FOR AD DAMNUM

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.
----------X

PLEASE TAKE NOTICE, that pursuant to CPLR 3017, this answering defendant does hereby demand that plaintiff provide a specific dollar amount for the ad damnum clause contained within said Verified Complaint.

Dated: Garden City, New York
December 20, 2019

By:

MELISSA MANNA, ESQ.
Cullen and Dykman LLP
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION
100 Quentin Roosevelt Boulevard
Garden City, New York 11530
(516) 357-3700
File No: 23005-26

TO:

ROBERT J. EISEN, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
150 Broadway
New York, New York 10038
(212) 285-3800

EXHIBIT I

KINGS COUNTY CLERK
FILED
2020 FEB -6 AM 9:37

At the Central Compliance Part of The Supreme Court of the State of New York, held in and for the County of Kings, at the Courthouse located at 360 Adams Street, Brooklyn, New York on the 3rd day of FEBRUARY, 20 20.

PRESENT: L. Colon, JHO/JSC

---X

HADMIRA LEACOCK Plaintiff(s),

-against-

Speedway LLC + Hess Retail Stores LLC Defendant(s)

---X

CAL. NO. 104

CENTRAL COMPLIANCE PART CONFERENCE ORDER

INDEX NO. 522043/2018

☐ ON DEFAULT
☒ ON CONSENT
☐ AFTER ORAL ARGUMENT

Plaintiff to provide all outstanding authorizations within twenty (20) days. (Enumerate if necessary on Page 2)
All outstanding responses to Discovery and Inspection requests within twenty (20) days.
Depositions of all parties must be held on or before ~~7-6-20~~ ~~5/6/20~~ ~~6/6/20~~ 5/13/20 (within thirty (30) days after the plaintiff's depositions). Defendant to designate Doctor(s) by 6-6-20.
Independent Medical Examinations to be held on or before 7-6-20
Medical Reports must be exchanged within 45 days of the exam.
Plaintiff shall file a Note of Issue on or before 8/14/20 **or action may be dismissed.** Plaintiff must comply with the Uniform Rules of Kings County for placing action on the Calendar. If the Note of Issue is filed prematurely, motions to strike Note of Issue must be made within the time-period required in the CPLR. **Further ordered:**

1. Plaintiff to respond to Δ Demand for BP Dumnum by 3-3-20
2. P to provide Duly executed Authorizations to obtain medical records for all providers, including radiological records, FDNY/Ambulance prehospital reports to Cullen & Dykman LLP
3. P to respond to demand for collateral Source Information
4. P to respond to demand for authorizations to obtain P's IRS TAX Returns
5. P to respond to demand Bill of Particulars as to items 14, 15, 18 regarding the location of the alleged accidents

3-3-20

Unjustified failure of any party to comply with the terms of this Order will result in the striking of a pleading. This order does not constitute a CPLR § 3216 notice.

For Clerk's Use Only
Retracked:
☐ **Standard**
☐ **Complex**

ENTER:

J.H.O./J.S.C. Hon. Lizette Colon J.S.C.

PRINT FIRM NAME		SIGNATURE		
ATTORNEY FIRM	SUBIN ASSOCIATES	by		FOR PLAINTIFF(S) HADMIRA LEACOCK
ATTORNEY FIRM	Cullen & Dykman	by		FOR DEFENDANT(S) Speedway + Hess
ATTORNEY FIRM		by		FOR DEFENDANT(S)
ATTORNEY FIRM		by		FOR DEFENDANT(S)
ATTORNEY FIRM		by		FOR DEFENDANT(S)

CS/CCP-REV 11/2018

2nd CC 6/10/20

EXHIBIT K

File No.: 30444
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS
----------X,
HADMIRA C. LEACOCK

Plaintiff,

-against-

HESS RETAIL STORE, SLLC, HESS CORPORATION SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.
----------X

RESPONSE TO COMPLIANCE CONFERENCE ORDER dated February 3, 2020

Index No.: 522043/2018

Plaintiff by her attorneys, **SUBIN ASSOCIATES, LLP,** as and for a response to the Compliance Conference Order dated February 3, 2020, alleges upon information and belief, as follows:

1. Demand for Ad Damnum: To be provided under separate cover.
2. Annexed hereto are duly executed authorizations for all providers previously exchanged addressed to Cullen and Dykman, LLP.
3. Annexed hereto is an authorization for release Plaintiff's collateral source records from Empire BlueCross Blue Shield.
4. IRS authorizations; Not applicable. Claimant has not made a claim for lost wages.
5. Response to Demand for Supplemental Bill of Particulars as to items 14, 15, and 18 regarding the location of the accident was previously served upon defendants on November 8, 2019. Please see a courtesy copy of the Supplemental Bill of Particulars.

PLEASE TAKE FURTHER NOTICE, that plaintiff reserves the right to amend and supplement this response up until the time of trial.

Dated: New York, New York
April 23, 2020

Yours, etc.

Maria Zieher

MARIA ZIEHER, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
HADMIRA C. LEACOCK
150 Broadway, 23rd Floor
New York, New York 10038
(212) 285-3800

TO: **CULLEN AND DYKMAN, LLP**
Attorneys for Defendants
SPEEDWAY LLC i/s/h/a SPEEDWAY LLC
HESS RETAIL STONES, LLC
HESS CORPORATION
SPEEDWAY GAS STATION
100 Quentin Roosevelt Blvd
Garden City, New York 11530
(516) 357-3700
File No.: 23005-26

STATE OF NEW YORK)

COUNTY OF KINGS) SS.:

Bernise Martinez, deposes and says:

Deponent is not a party to the action, is over 18 years of age and resides at KINGS COUNTY, NY.

On April 23rd, 2020, deponent served the within **RESPONSE TO COMPLIANCE CONFERENCE ORDER dtd 02/03/2020 upon:**

Melissa Manna
CULLEN AND DYKMAN, LLP
Email: mmanna@cullenanddykman.com

by sending a true copy of same to each of them via email at the email addresses designated by each of them, with delivery receipt requested. A copy of the system delivery receipt notification is attached hereto.

Bernise Martinez
Bernise Martinez

Sworn to before me this
23rd day of April, 2020

Stephanie Bennett
Notary Public, State of New Yok
No. 01BE6152725
Qualified in Queens County
Commission Expires December 10, 2022
NOTARY PUBLIC

Index No.: 522043/2018
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

HADMIRA C. LEACOCK,

Plaintiff,

--against—

HESS RETAIL STORE, SLLC, HESS CORPORATION SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendant.

RESPONSE TO COMPLIANCE CONFERENCE ORDER

SUBIN ASSOCIATES, LLP
Attorney(s) for Plaintiff(s)
Office and Post Office Address, Telephone
150 Broadway, 23rd Floor
New York, NY 10038
Telephone (212) 285-3800

"WE DO NOT ACCEPT SERVICE BY ELECTRONIC TRANSMISSION (FAX)"

Service of a copy of the within is hereby admitted
Dated:,

.....
Attorney(s) for

PLEASE TAKE NOTICE

☐ *That the within is a (certified) true copy of an* ORDER *entered in the office*
NOTICE OF ENTRY *of the clerk of the within named court on* , 2020.

☐ *That an Order of which the within is a true copy will be presented for*
NOTICE OF SETTLEMENT *settle to the Hon.one of the judges of the within named court, at on* , 2020, *at* 10:00 *a.m.*
Dated:

EXHIBIT J

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS
----------X
HADMIRA C. LEACOCK,

Index No.: 522043/18

Plaintiff,

-against-

POST EBT NOTICE FOR DISCOVERY AND INSPECTION

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.
----------X

PLEASE TAKE NOTICE that the undersigned hereby demands that each party produce for discovery and inspection with leave to photocopy, at the office of the undersigned within twenty (20) days the following:

1. Name, address and phone number for "Wop" as testified to by plaintiff.

2. Duly executed HIPAA compliant authorizations to obtain plaintiff's pharmacy records from CVS Pharmacy in Mill Basin.

3. Duly executed HIPAA compliant authorizations to obtain plaintiff's Medicaid records.

4. Duly executed HIPAA compliant authorizations to obtain plaintiff's records from Dr. Girling as testified to at her deposition.

5. Duly executed HIPAA compliant authorizations to obtain plaintiff's records from Dr. Girling as testified to at her deposition.

6. Duly executed HIPAA compliant authorizations to obtain plaintiff's records from Dr. Apple as testified to at her deposition.

7. Duly executed HIPAA compliant authorizations to obtain plaintiff's records from Dr. McCullough as testified to at her deposition.

8. Duly executed HIPAA compliant authorizations to obtain plaintiff's records from her previous chiropractic treatment as testified to at her deposition.

9. Duly executed HIPAA compliant authorizations to obtain plaintiff's log in records from 24 Hour Fitness located in Sheepshead Bay.

10. Authorizations to obtain plaintiff's individual tax returns from 2016, 2017, 2018 and 2019.

11. Authorizations to obtain plaintiff's business tax returns for Wonder Group Media, LLC, from 2016, 2017, 2018 and 2019.

12. Copies of any invoices, receipts, etc. relating to copays.

PLEASE TAKE FURTHER NOTICE that a response to the foregoing demands may be forwarded prior to the return date herein.

PLEASE TAKE FURTHER NOTICE, that upon your failure to produce the aforesaid authorizations/documents, the undersigned will object at the time of trial of this action to the offering of any evidence relating to the matters for which information has been requested.

Dated: Garden City, New York
April 28, 2020

BY: /s/*Melissa Manna*

MELISSA MANNA, ESQ.
CULLEN AND DYKMAN LLP
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION
100 Quentin Roosevelt Boulevard
Garden City, New York 11530
(516) 357-3700
File No: 23005-26

TO: Robert J. Eisen, Esq.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
HADMIRA C. LEACOCK
150 Broadway
New York, New York 10038
(212) 285-3800

INDEX NO.: 522043/18

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

POST EBT NOTICE FOR DISCOVERY AND INSPECTION

CULLEN AND DYKMAN LLP
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION
100 Quentin Roosevelt Boulevard
Garden City, New York 11530

AFFIDAVIT OF SERVICE BY MAIL AND ECF

STATE OF NEW YORK)
) ss.:
COUNTY OF NASSAU)

ERICA PENN, being duly sworn, deposes and says that deponent is not a party to this action, is over 18 years of age and resides in Nassau County, New York.

That on the 7th day of July, 2020, deponent served the within **NOTICE OF MOTION, AFFIRMATION IN SUPPORT, AFFIRMATION OF GOOD FAITH WITH EXHIBITS** upon:

TO: Robert J. Eisen, Esq.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
HADMIRA C. LEACOCK
150 Broadway
New York, New York 10038
(212) 285-3800

the attorneys for the respective parties, hereto at the addresses designated by them for that purpose, by depositing true copies of same enclosed in postpaid properly addressed envelopes in an official depository under the exclusive care and custody of the United States Post Office Department within the State of New York and via ECF filing within the Court's website.

Erica Penn
ERICA PENN

Sworn before me this
7th day of July, 2020

Notary Public

JERIN ROSAS
Notary Public, State of New York
No. 01RO6127830
Qualified in Nassau County
Commission Expires May 31, 20 21

INDEX NO.: 522043/18

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

NOTICE OF MOTION, AFFIRMATION IN SUPPORT, AFFIRMATION OF GOOD FAITH WITH EXHIBITS

Cullen and Dykman LLP
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION,
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